



Card Registration  
*Please Print!*

Last Name	
First Name	
MI	
Birth date	
Street	
PO Box	
City	
NY	
Zip code	
Phone	
Email	

Age range:  
0-12 \_\_\_\_\_ 13-59 \_\_\_\_\_ 60+ \_\_\_\_\_

I agree to observe all rules established by the library and will be responsible for all materials borrowed on my card. I also agree to pay fines or other charges imposed for late return, loss, or mutilation of library materials. I will notify the library if my card is lost or if I change my name and/or address. I understand that I must have my card in my possession in order to borrow library materials.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18) Date

\_\_\_\_\_  
Printed Name of Parent/Guardian Date