



Beaman Memorial Public Library (Part of the CWMARS Network)



New Patron Registration Form

FIRST NAME: _____

MAILING ADDRESS

MIDDLE INITIAL: _____

ZIP CODE: _____

LAST NAME: _____

STREET: _____

PREFERRED NAME (Optional) : _____

CITY: _____

DATE OF BIRTH: _____

STATE: _____

PARENT/GUARDIAN (if patron is under 18):

Residential Address (if different from above address):

EMAIL: _____

ZIP CODE: _____

(For holds and library business only.) **We take your privacy seriously and this information will never be shared.**

STREET: _____

CITY: _____

STATE: _____

Would you like to receive our monthly e-newsletter? This is a summary of upcoming Library programs. YES ___ NO ___

OTHERS AUTHORIZED TO PICK UP HOLDS (May need ID at pick-up):
(If you would like to authorize a spouse or family member to pick up holds for you, please write their name below.)

Daytime Phone: _____

Evening Phone: _____

BORROWER'S AGREEMENT *Please Read Before Signing!*

I agree:

- To report a LOST card immediately,
- To be responsible for all fines and fees and for any items checked out on my card (except in the case of a stolen card),
- To be responsible for all materials borrowed with my card,
- To pay promptly for all fines incurred, including charges for late, lost, or damaged materials,
- To notify the Library of any name, phone, or address changes,
- To comply with all Library rules, and
- To not let anyone use this card without written authorization (see Authorization box above).

Signature of Applicant or Parent/Guardian Signature (if age 12 or under)*

* Please note that parents/legal guardians are responsible for all items borrowed by their children who are under age 18 at time of checkout.

Staff Use Only

Barcode _____

Patron Type _____

ID Checked Y _____

Date entered _____

Staff initials _____