Hedberg Public Library

Library Card Registration Form

_____

Last Name First Name Middle Initial Suffix

_____

Street Address or P.O. Box Apt.

_____

City State Zip Code County

I live (*check one*) ☐ within a city's limits.
☐ in a township. Name of township: _____

(_____) _____-_____ _____ / _____ /_____
Home Phone or Other Contact Date of Birth

E-mail address: _____

I prefer to be contacted by ☐ Email ☐ Phone ☐ Text _____
Provider

Please Read and Sign

1. I agree to abide by current and future library regulations.
2. If my account is collected through any court or recovery agency, costs levied by the court or agency shall be added. I understand and agree to these conditions.
3. Library assumes no liability for damage to patron's own equipment associated with the use of library materials.
4. Parents, not library staff, are responsible for monitoring their children's use of library materials.

X_____
Signature

PLEASE COMPLETE PORTION BELOW IF APPLICANT IS UNDER AGE 18.

☐ Restrict to Youth Materials Only ☐ Allow Internet Use

_____

Parent/Guardian's First Name Initial Last Name

X_____
Signature of Parent or Guardian

If different from applicant: Contact Phone (_____) _____-_____

_____

Street Address City State ZIP Code

Staff Use Only Today's Date _____ Bar Code # _____

User Cat 1 _____

☐ Imported ☐ PIN Staff Initials _____

08/18