Library Card Registration Form

NEV	W R	ENEWAL	LOST/DAM	AGED C	HANGE OF:	Phone N	Name Ad	dress
ID:	DRVLIC	VOTREG	СНКВООГ	C UTILBII	LL TA	XRCP	CANC	CLTR
Prof	ile: PATRON	NON-RES	OUTOFSTATE	RESTRICTED	TEMP	FRIEND	TRUS	STEE
Nan	ne:		First Name		Middle Name		Suffix	
Date	e of Birth:	//	Parent/Guardia	n:				
Libr	ary: GR JA B	A FY FA PT ZI	ETY Barcode		Date			
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<u>Mai</u>	ling Address							
Phone - Day:		Night:		Cell:				
Ema	ail address:							
Mai	ling Address:							
City	/State/Zip:				_ Within city li	mits?	_ Yes	_ No
Resi	idential Addr	ess (if different	than mailing address					
Resi	dential Addre	SS:						
City	/State/Zip:				_ Within city li	mits?	_ Yes	_ No
_	7. 0							
Please initial your selection: I want Inter-				t access.	access. I do not want Internet access.			
Wou	ıld you like to	register to vote	today? r Already reş	ristored T	Take form home	Δ.	No thank	VOII
	Yes, I woul	id like to registe	r Aiready le	gisicieu i	are form nom	·	ivo, mank	you.
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Pare	nt's signature	•			,			
Ann	licant's signat	ure:						