AUBURN PUBLIC LIBRARY BORROWER'S REGISTRATION

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Preferred	i Na	ame:	Personal Control of the Control of t			
Mailing A	dd	ress:	***************************************			
City/State	e/Zi	ip:				
Other Ad	dre	ss (If App	licable):			W-1
Phone 1:				_Home /Work/ Cell	Birthdate:	
Phone 2:				_Home /Work/ Cell		MM DD YYYY
E-Mail Ac	ldre	ess:	***************************************			
Parent or	Gu	ıardian (I	f applicant is und	der 18):		
Authorize	ed U	Jser(s):				Please Print
 Present Be resp Return Recogn Notify t Follow 	t the onsil libra ize ti the li the r	card when in the for all many materials that the libra brary promperules and po	material is borrowed aterials borrowed on s when due, or pay fo ary retains the right otly of a change of a	d in this card and to reimbu ines as required for mate to suspend borrowing pr eddress. lic Library & Lewiston Pui	erse the library for lo erials returned overa ivileges	The undersigned agrees to: ost or damaged materials lue
Signature	e:					
Date:			(of applicant, or	of parent if applicant	is under 18)	
Staff Use O)nlv	Below Th	is Line			
Pcode:		Adult	J Juvenile	U Young Adult	X Teacher No	nresident
	0	Other	Z Taxpayer	N Nonresident	W Employee N	Nonresident
	S	Staff	Y Temporary	I Institution	Entered:	
Pcode4		uburn 100 wiston 10		Minot 1015 Other	Library Card Number:	
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