

Port Austin Township Library

Registration

NAME: _____ **DOB:** _____
FIRST MIDDLE LAST

STREET: _____ **P.O. BOX:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TOWNSHIP: _____ **E-MAIL ADDRESS:** _____

HOME PHONE: _____ **CELL PHONE:** _____

MICHIGAN ID or DRIVER'S LICENSE NUMBER: _____

REFERENCE / ADDITIONAL CONTACT PERSON:

NAME: _____ **PHONE:** _____
FIRST LAST

STREET: _____ **P.O. BOX:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

FAMILY MEMBERS:	DOB	ID/DRIVER'S LICENSE	SEPARATE CARD ISSUED
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Spouse

Child

Child

Child

_____ ADDITIONAL CHILDREN ARE LISTED ON THE BACK OF THIS FORM

I HEREBY AGREE TO OBEY ALL THE RULES AND REGULATIONS OF THE PUBLIC LIBRARY, TO PAY PROMPTLY ALL FINES CHARGED AGAINST ME FOR THE DAMAGE OR LOSS OF BOOKS, AND TO GIVE IMMEDIATE NOTICE OF ANY CHANGE OF ADDRESS OR PHONE NUMBER.

In addition, I give permission for family members living at the address given above to check out library materials for which I accept responsibility for the return of materials or payment of fines which may result on this account.

Signature of Cardholder _____ **Date** _____ **Patron#** _____ **Expiration** _____

PROOF OF RESIDENCY: ___ Utility Bill ___ Driver's License ___ Tax Bill Other _____

Signature of Library Personnel: _____ **Date:** _____

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