CHARLEVOIX PUBLIC LIBRARY
Library Card Registration Form

Last Name: ___________________ First Name: ___________________ Middle: ____________

Date of application: ____________________________ Birth Date: ____________________________

Street: ______________________________________

City: ___________________ State: _______ Zip: _______ Twp: ____________

Home Phone: ___________ Cell Phone: ___________ Work Phone: ___________

E-mail: ______________________________________

Others authorized to use your card (and have access to your account information):
1. __________________________________________
2. __________________________________________
3. __________________________________________

If you are a part-time resident, please supply the following information:

Alternate Address: __________________________________________

Alternate City: ___________________ State: _______ Zip: ___________________

Alternate Phone: __________________________________________

I agree to abide by all library policies.
Patron signature: __________________________________________

If applicant is under 13 years old, a parent’s signature is required. The signing parent must have an account in good standing at the Charlevoix Public Library.

Print parent’s full name and relationship:

__________________________________________

If your child will be using this account for school projects (including, but not limited to downloading books), do you authorize the teacher to have access to this account? Yes _________ No ___________

Parent Signature: __________________________________________