CHARLEVOIX PUBLIC LIBRARY
Library Card Registration Form

Please Print Clearly 😊

Last Name:____________________ First Name:____________________ Middle: ________________

Date of application: ________________ Birth Date:__________________

Street:____________________________________________________________

City:____________________ State:______ Zip:_____________ Twp:_______________

Primary phone:____________________ Alternate phone:____________________

e-mail:_________________________________________________________________

* Would you like to receive holds and overdue TEXT notifications about your library items?   ☐Yes   ☐No

Others authorized to use your card, allowed to check out on your account and or pick up your items.

Card holder is responsible for items checked out.

1. ___________________________________________________________________________

2. ___________________________________________________________________________

3. ___________________________________________________________________________

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

Alternate Address:____________________________________________________________

Alternate City: _____________________ State:______ Zip:____________________

Alternate Phone:____________________________________________________________

Which address do you receive snail mail? _________________________________________

I agree to abide by all library policies.

Patron signature: ______________________________________________________________

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

Print parent / guardian full name________________________ 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: ______________________________________________________________