

## Library Card Registration Form Current ID & address required

□New	STAFF USE ONLY					
Replacement		3 3131 00				
Reciprocal Card #			Reciprocal Library			
Patron Category	Branch	Staff Initials	NR Fee Paid	Input Date_	//	
Old Card #			Previous Name			
Please print in ink:				Date:		
Last Name	First	Name	Middle Name	е	Preferred Name	
Home Address	Building/Apt. #				. #	
Mailing Address (if	different tha	n home address)				
City		County	Sta	ate	Zip Code	
Is this your perman	ent address?	Yes □No				
E-mail address (By providing your e-mail address, you will receive library notices via e-mail.)						
Would you like to join our e-newsletter to learn about programs, new items, and other library news? $\Box Yes \ \Box No$						
Birth	// n Date	( ) <u>_</u> Pho	one Number			
Resident of School  USD 202		☐ USD 500 ☐ USD 203	(Kansas City, Kansas) (Piper)	☐ USD 204 (☐ Other	Bonner Springs)	
I will be responsible for all materials borrowed with this card, including laptop computers, fees associated with lost or damaged items, and understand that until I notify the Library of a lost or stolen library card, I am responsible for all materials and services charged to it. I understand that my library card may be revoked and my privileges to use the library restricted or revoked if I fail to comply with library rules and regulations.						
X Signature						
Parent (or legal guardian) for youth under age 12: I will be responsible for all materials borrowed with this card, fees associated with lost or damaged items; the supervision of internet use and online conduct by this child, in accordance with the Library's Internet and Computer Use Rules; providing for adult supervision of this child in the Library at all times if this child is under 9 years old; and providing this child with transportation home from the Library before closing time.						
Parent's name			Library Card Nun	nber 3 3131 00		
X Parent Signatur	·e		Dat	te		