



Library Card Registration Form

Current ID & address required

<input type="checkbox"/> New	STAFF USE ONLY		
<input type="checkbox"/> 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 _____ Preferred Name _____

Home Address _____ Building/Apt. # _____

Mailing Address (if different than home address) _____

City _____ County _____ State _____ Zip Code _____

Is this your permanent 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? Yes No

_____/_____/_____ () _____
Birth Date Phone Number

Resident of School District USD 202 (Turner) USD 500 (Kansas City, Kansas) USD 203 (Piper) USD 204 (Bonner Springs) Other

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 Number 3 3131 00 _____

X Parent Signature _____ Date _____