

HJ NUGEN PUBLIC LIBRARY

LIBRARY CARD REGISTRATION FORM

LIBRARY USE ONLY:	
CARD NUMBER:	
DATE ISSUED:	

First Name: _____ M.I.: _____ Last Name : _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Primary Phone Number: _____ (Circle One) Cell / Home / Work

Additional Phone Number: _____ (Circle One) Cell / Home / Work

Email Address: _____

Age Group – Circle One: *Circle the age group for the card holder

0-5 6-12 13-18 19-25 26-35 36-50 51-65 65+

I would like to receive OVERDUE notifications via: _____ (Circle One) Email / Text / Postcard

I would like to be notified of RESERVED materials via: _____ (Circle One) Email / Text / Phone Call

I would like to receive a due date warning via: _____ (Circle One) Email / Text / I do not want due date warnings

I would like to receive my CHECKOUT receipt by: _____ (Circle One) Printed / Email

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

Signature _____