H J Nugen Public Library Library Card Registration Form							Library Use Only:			
							Card Nu	mber:		
5	U						Date Iss	ued:		
First Name	e:			M.I.:	Las	st Name :				
City:			S	tate:	Zip	Code:		_Count	y:	
Primary Pl	hone Number:					(Circle Or	ne) Cell	/ Но	ome /	Work
Additional Phone Number:										
							·			
			group for the card							
0-5	6-12	13-	18 19-25	5	26-35	36-50		51-65		65+
	I would like to	eceive OVERD	UE notifications via	1:		(Circle Or	ne) Ema	il /	Text ,	/ Postcard
	I would like to	be notified of F	RESERVED material	s via:		(Circle On	e) Emai	/ т	ext /	Phone Call
	I would like to	eceive a due d	ate warning via:	(Circle (	One) Emai	l / Text	/ Ido	not war	nt due da	ite warnings
	I would like to	eceive my CHE	CKOUT receipt by:				(Circle	e One)	Printed	/ Email
							•••••			•••••
H J Nugen Public Library							Library Use Only:			
Library Card Registration Form			n				Card Number:			
·	C						Date Iss	ued:		
First Name	e:			M.I.:	Las	st Name:				
							(0	Circle On	e) Male	e / Female
			S						-	
Additional Phone Number:										
							,			
			group for the card							
0-5		13-			26-35	36-50		51-65		65+
	I would like to	receive OVERD	UE notifications via	ı:		(Circle Oi	ne) Ema	il /	Text	/ Postcard
	I would like to	be notified of F	RESERVED material	s via:		(Circle One	e) Email	/ т	ext /	Phone Call
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	I would like to	eceive my CHE	CKOUT receipt by:				(Circle	e One)	Printed	/ Email
I HEREBY /	AGREE TO OBEY A	LL THE RULES /	AND REGULATIONS	OF THE P	JBLIC LIBRA	RY, TO PAY F	ROMPTLY	ALL FIN	IES CHAI	RGED

AGAINST ME FOR THE INJURY OR LOSS OF MATERIALS, AND TO GIVE IMMEDIATE NOTICE OF ANY CHANGE OF ADDRESS.

\_\_\_\_

Signature \_\_\_\_\_