

REGISTRATION

Please Print

Today's Date: _____

Name: _____
First Middle Last Jr./Sr./III

Permanent Address: _____
Street Address/Apt. # (Address Verification Required)

City State Zip Code

Home Phone: _____

Second Phone: _____ Type: _____
Cell/Business

E-mail: _____
All library notices will be sent to you at this e-mail address

Temporary Address: _____ <i>Street Address/Apt. #</i>
_____ <i>City State Zip Code</i>
Begin date: _____ End date: _____
Temp. Phone: _____ Phone Type: _____
Temp. E-mail: _____

For Customers under 18 years old:

Year of Birth: _____

Parent/Guardian Name: _____
First Last

Children 14 and older: School ID with document with address

For Library Use Only

Barcode Number:

Identification:
Approved Yes No

ID Shown:
Driver's License No.

MVA Picture ID No.

Other MD State Depts.
Picture ID

- Recent Utility Bill
- Military ID & Orders

PIN:

Gender Male Female

BTYPE:
ADU JUV YAD
SPC GRS PRC
SCF VSP VAD
VJU VYA RRD
OSB HOM FAM

