

PLUM CREEK LIBRARY SYSTEM

Registration Form

*indicates a required field

Library Use Only (All fields required)

Barcode Number _____ Patron Type _____ Date _____

Member Library Agency _____

County Commission District _____ Reciprocal Borrower Type (if applicable) _____

*Last Name _____ *First Name _____ *Middle _____

*Date of Birth (mm/dd/yy) ____ / ____ / ____

*Permanent Address: Street _____ PO Box _____

*County _____ *City _____ *State _____ *Zip Code _____

*Telephone Number _____ Cell Number _____

Email Address _____ Alternate Email _____

*Driver's License Number _____ *Expiration Date _____

Alternative Identification Number _____ Expiration Date _____ Type _____

Temporary Address: Street _____ PO Box _____

County _____ City _____ State _____ Zip Code _____

Employer _____ Work Telephone Number _____

*Do you reside within the city limits? YES NO *Township _____
(Only if living outside the city limits)

Would you like to receive Holds, Overdue and Fine notices by Email? YES NO

Under Minnesota Statutes all data in this application for a borrower card, other than your name, is classified as private data on individuals. The Library is collecting this data for the purpose and intended use by the library system to identify you and collect other necessary information in order to issue to you a library card so that you may better access and utilize the materials of the library system. If you are under 18, information about your library use is available to your parent or guardian.

You are not legally required to supply this information but if you do not supply it we will be unable to issue you a library card. If you do supply this information it will not be provided to other persons or entities outside of the library system unless that disclosure is authorized by state or federal statute, court order or your written informed consent. For purposes of this advisory the term "library system" included Plum Creek Library System, its associated and affiliated library systems and other library systems to the extent you seek to utilize or obtain materials from other systems.

Please read before signing: I verify that this information is correct and I assume financial responsibility for materials borrowed or charges incurred on any card issued from this application.

Signature (ink only) _____ Date _____

If user is under 18 years of age, please complete the following:

*Printed Name of Parent or Guardian _____

*Signature of Parent or Guardian _____

*Address (if different from above) _____

Telephone Number (if different from above) _____ E-mail (optional) _____

Revised 2/16 NOTES: _____

Last Name _____

First Name _____

Middle _____