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

Pursuant to the Minnesota Government Data Practices Act, library users must be informed of what private data is being collected, its uses and disposition (sometimes referred to as the “Tennessen warning”). By Minnesota law, information you provide in applying for a library card (other than your name) is private. Likewise, services you use, such as checking out materials and using the internet, are also private. This information is available only to you and to appropriate library personnel. You are not legally required to provide the information on the application, but you will not receive a library card if you choose not to provide the requested information. The personal information provided, including materials checked out, must be released pursuant to a court order or may be shared with another agency in pursuit of unreturned materials or excessive fines.

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 ___________

*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) _______________

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: ________________________________________________________________