

**Halsey City Library
Library Card Registration Form**



First Name	Last Name	Birth Date (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other family members who may use my card:

First Name	Last Name	Birth Date (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address

<input type="text"/>
<input type="text"/>

Street Address

<input type="text"/>
<input type="text"/>

Phone Numbers

Email (optional)

By applying for the right to use the Halsey City Library I accept my responsibility for all materials checked out on my card, and I agree to pay the cost of replacing any that are lost or damaged. I agree to pay fees accrued for overdue items. If I change my address or phone number, I will give prompt notice to the Librarian. If I want someone removed from my Library account, I agree to give prompt notice to the Librarian.

Signature (or signature of parent or guardian if under 16)

Date

For Library Use Only:

Date Entered:

Membership Number: