Charles County Public LIBRARY

CUSTOMER REGISTRATION FORM

Applicants sixteen or older must present photo ID and proof of current mailing address.

Please Print

Name: (Complete Legal)

First_____ Middle Name_____

Last_____ Jr. / Sr. ○ ○

PIN Number_____ (Applicant to choose a 4 digit numerical code)

Gender: ○ Male ○ Female Date of Birth_____/_____/_____
Month Day Year

Mailing Address:

Street_____

City_____ State_____ ZIP code_____

Home Phone_____ Work Phone _____

Street Address: (if different from Mailing Address):

Street_____

City_____ State_____ ZIP code_____

How would you like to be notified? **(Choose one)**

○ Email Address_____

○ Please email me about Library programs (optional)

○ Contact Phone_____

How did you hear about the Library?

○ Community Event ○ School ○ Friend ○ Newspaper ○ Other

Please Read Carefully:

By signing this form I agree to comply with the rules and regulations of the Charles County Public Library. I accept responsibility for all fines incurred for overdue, lost or damaged materials borrowed on this card.

Signature_____ Do Not Sign at Home -- To get your card, print form and bring to library with valid Photo ID and proof of address Date_____

Print name of parent/legal guardian of child under 16_____
Last name First name

A parent or legal guardian must accompany and sign for applicants under the age of sixteen.

STAFF USE ONLY 2/2010

Drivers License or MVA MD ID_____

Military ID or other Photo ID_____

ID #_____

Staff_____ Date_____ Card Type (circle one) **NEW** **LOST CARD ($5)** **UPDATE (free)** **OUT OF STATE ($5/year)**