

# Eldredge Public Library ---- Library Card Registration Form

## ADULT

**Please Print Clearly !!**

**Name** \_\_\_\_\_

Mr \_\_\_ Mrs \_\_\_ Ms \_\_\_ Other \_\_\_      First      Middle      Last      Suffix

**Local Address** *(Mailing address)*

\_\_\_\_\_  
Post Office Box / Street Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Local Telephone \_\_\_\_\_

**Email** \_\_\_\_\_

☐ Please contact me by **email only** when an item is ready for pick up.

**Legal Address** *(If different than above address) (Mailing address)*

\_\_\_\_\_  
Post Office Box / Street Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Telephone \_\_\_\_\_

**Access To Your Account:** If you choose, your library account/ records can be made available to person(s) authorized by you.

I give \_\_\_\_\_

Permission to: \_\_\_ Pick up my materials \_\_\_ Get a list of what's on my acct \_\_\_ Use my acct to check out items

☐ Yes, I would like to receive library mailings, such as newsletters, upcoming program information, and more through my email. An easy way to stay up to date about EPL news and events.

I apply for the right to use the Library, and I agree to comply with all of its rules and regulations, and to give immediate notice of any change in the above information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

www.eldredgelibrary.org

**\*Library Identification** 11900 \_\_\_\_\_

