



LIBRARY CARD REGISTRATION

Welcome to Mid-Columbia Libraries. We look forward to serving you.
Please provide photo I.D. and proof of address.

ALL INFORMATION IS CONFIDENTIAL AND WILL BE USED FOR LIBRARY PURPOSES ONLY.

Please present photo identification and proof of current street address.
For children under 18, parent/guardian proof of identification and street address is sufficient. Library records are confidential; however, a guardian may access a minor's library record in the instance of negative account activity (e.g. overdue fines/fees).

Bar Code #2091100 _____

PLEASE PRINT FILL OUT COMPLETELY

Last name

First name Middle initial

Address: Street / Apt # / PO Box _____

City / State / Zip code _____

E-mail
() ()

Cell number _____ **Home number** _____

Cell carrier: AT&T Verizon Sprint Other _____

How would you like to receive account notifications?
 Text message Email Voicemail

Do you live within city limits? Yes ___ No ___ If no, which county? _____

Account password: (At least 4 letters or numbers) _____

Birth date: ____/____/____ **Gender:** Male ___ Female ___
Month Day Year

Language spoken at home: English Spanish Other _____

I accept legal responsibility for all materials checked out on this card, including payment for all charges due to lost, damaged, or late materials, as well as attorney fees and court costs, if any, incurred to collect unpaid balances. I understand that failure to follow library policies or practices may cause my account to be revoked or suspended. **I am aware that I must present my library card to borrow materials, and that I can only access library computers using my own library card account.**

Signature of cardholder _____ Date _____

If cardholder is under age 18: As a parent/guardian, I accept responsibility for the materials checked out by the above cardholder, and for all charges due to lost, damaged, or late materials. I understand that I am responsible for this cardholder's library computer and internet use.

Last name

First name Middle initial

Signature of parent/guardian _____ Date _____