Chattahoochee Valley Libraries
One Card...Endless Possibilities!

staff initials _____

Photo ID and proof of residency are required to complete this application.

Library Card Registration

Adult/Parent/Guardian/Guarantors Registration Section

Would you like to register to vote?
☐ Yes
☐ No
Already Registered ☐

Date of Birth (Month/Day/Year) _____ **Male**____ **Female**____ **(staff use) Barcode #**_____

Full Name (as it appears on ID)

_____
Last First Middle Name (Jr/Sr/III)

Phone (Please circle your contact preference)

_____
Home Work Cell

Address _____
Street Apartment Number City State Zip County

Permanent Address (if different from above)

_____
Street Apartment Number City State Zip County

E-Mail Address _____

Contact me by: Phone_____ Mail _____

Youth Registration Section-Parent/Guardian/Guarantors also complete the above section.

1) Youth's Name **(staff use) Barcode #**_____

_____
Last First Middle Name (Jr/Sr/III)

Date of Birth (Month/Day/Year) _____ **Male**____ **Female**____ **Internet Access**____**Yes**____**No**

Borrower Type (circle): Full Access (Youth 1) OR Child and Teen materials only (Youth 2)

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2) Youth's Name **(staff use) Barcode #**_____

_____
Last First Middle Name (Jr/Sr/III)

Date of Birth (Month/Day/Year) _____ **Male**____ **Female**____ **Internet Access**____**Yes**____**No**

Borrower Type (circle): Full Access (Youth 1) OR Child and Teen materials only (Youth 2)

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3) Youth's Name **(staff use) Barcode #**_____

_____
Last First Middle Name (Jr/Sr/III)

Date of Birth (Month/Day/Year) _____ **Male**____ **Female**____ **Internet Access**____**Yes**____**No**

Borrower Type (circle): Full Access (Youth 1) OR Child and Teen materials only (Youth 2)

Parent/Guardian/Guarantor's Agreement: I agree to be responsible for all materials checked out on the above library card(s). I agree to comply with all library procedures and regulations. I will notify the library immediately of any changes in my name or address. I understand that I will be reported to a collection agency if the amount owed on any of my library accounts exceeds $25.00. The signature is required to obtain a library card.

Parent/Guardian/Guarantor Signature _____ Date _____

10/09