

# LIBRARY CARD REGISTRATION

*(Please Print)*

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

Library Card PIN (4 Digits) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Yes, I want to subscribe to the Library LINK e-newsletter.

I authorize the following person(s) to pick up my holds *(optional)*:

\_\_\_\_\_

*Please print name(s)*

I would like to receive hold notifications by:  Phone Call  E-mail  Text

I would like to receive a:  Print receipt  E-mail receipt  Both

Please report any changes to the information above so that we can keep your account updated. Please note that the Cecil County Public Library is not responsible for sending overdue notices and that a fee may be charged for replacements. I accept responsibility for all use made of this card.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Parent/Guardian Signature (if cardholder is under 14 years old)*