



Staff use only New Renew Edit Lost 4 0 5 3 9

Required Information

Name:

Last, First, Middle

Title/SSN/BD: Mr Ms Mrs Miss / SSN Last 4 Birth Date

Preferred Phone:

() Alternate ()

Mailing Address:

Street City State Zip Code

Street Address: (if different)

Street City State Zip Code

County of Residence:

Chatham Effingham Liberty Other

use for overdues & holds

use for library news

E-mail:

I will abide by the library's circulation policies and I will be responsible for items borrowed by me or minors that I am sponsoring. I will inform the Library of address changes promptly. I understand that only parents or legal guardians can view minor's library records. By giving an email address, I authorize the Library, as marked, to notify me by email. All personal information is kept confidential under Georgia Code Section 24-9-46.

Signature

Date

Adult Library Card Holders Only or minors who will be 18 within 6 months

State of Georgia Agency-Based Declaration Statement

If you aren't already registered to vote, would you like to register to vote here today?

I do not want to register to vote I will take the form and register later I want to register to vote I am not eligible I am already registered to vote

Please list minors (under age 16) that you would like to sponsor and that reside with you. Please use page 2 for minors not residing with you. Sponsors are responsible for items minors borrow. You must be 18 to sponsor minors.

Staff use only: Group ID for minors listed 4 0 5 3 9

Minor 1 Staff use only: User ID 4 0 5 3 9

Name

Last, First, Middle

Birth Date

I am NOT the parent or legal guardian

Minor 2 Staff use only: User ID 4 0 5 3 9

Name

Last, First, Middle

Birth Date

I am NOT the parent or legal guardian

Minor 3 Staff use only: User ID 4 0 5 3 9

Name

Last, First, Middle

Birth Date

I am NOT the parent or legal guardian