

Library Card Registration

Staff Initials _____

Please return to any CVL location. Visit cvlga.org for more information.

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

Adult Registration

Staff Use Barcode # _____

Last Name _____

First Name _____

Middle Name _____ Suffix _____

Address _____ Apt _____

City _____ State _____ Zip _____

County: Chattahoochee _____ Marion _____

Muscogee _____ Stewart _____ Other _____

Email _____

Permanent Address (if different)

Street City State Zip Code

Phone 1 _____

Phone 2 _____

Cell Phone Provider _____

How may we contact you about your account and library services & events? (check all that apply)

Phone _____ Email _____ Text _____ Mail _____

Which of the above is your preferred method of contact?

Would you like an electronic copy of your library receipts?

Email _____ Text _____

*CVL values your privacy.
We will not share or sell your email address.*

Date of Birth ____/____/____ Male _____ Female _____

Would you like to register to vote?

Yes _____ No _____ Already Registered _____

Would you like to maintain a reading list of the items you have checked out in your record? Yes _____ No _____

Youth Registration

Staff Use Barcode # _____

Borrower Type (please circle)
Full Access (Y1) Child or Teen Material Only (Y2)

Last Name _____

First Name _____

Middle Name _____ Suffix _____

Date of Birth ____/____/____ Male _____ Female _____

Staff Use Barcode # _____

Borrower Type (please circle)
Full Access (Y1) Child or Teen Material Only (Y2)

Last Name _____

First Name _____

Middle Name _____ Suffix _____

Date of Birth ____/____/____ Male _____ Female _____

Staff Use Barcode # _____

Borrower Type (please circle)
Full Access (Y1) Child or Teen Material Only (Y2)

Last Name _____

First Name _____

Middle Name _____ Suffix _____

Date of Birth ____/____/____ Male _____ Female _____

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 my account will be blocked if charges exceed \$10.00, and reported to a collection agency if charges on any account for which I am a guarantor exceed \$25.00. The signature is required to obtain a library card.

Signature

Date