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)

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

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 ___

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

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 ___