

# Library Card Registration

Staff Initials \_\_\_\_\_

Please return to any CVL location. Visit [cvlga.org](http://cvlga.org) for more information.  
**Photo ID and proof of address are required to complete this application.**

## Adult Registration

Staff Use Barcode # \_\_\_\_\_

**Name on Identification:**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

**Preferred Name ( if different than ID ):**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ N/A \_\_\_\_

**Would you like to register to vote?**

Yes \_\_\_\_ No \_\_\_\_ Already Registered \_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Permanent Address (if different)**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone 1 \_\_\_\_\_

Phone 2 \_\_\_\_\_

Cell Phone Provider \_\_\_\_\_

**Would you like an electronic copy of your library receipts?**

Email \_\_\_\_ Text \_\_\_\_

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

Email \_\_\_\_ Text \_\_\_\_ Mail \_\_\_\_ Phone \_\_\_\_

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

**Would you like to learn more about how to support your library?**

Yes \_\_\_\_ No \_\_\_\_

**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 any item is overdue or not returned, 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 information.

## Youth Registration

Parents of Children ages 0-5: Would you like to register your child to receive free monthly books from First Readers of Muscogee County

Yes \_\_\_\_ No \_\_\_\_

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 \_\_\_\_ N/A \_\_\_\_

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 \_\_\_\_ N/A \_\_\_\_

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 \_\_\_\_ N/A \_\_\_\_



Chattahoochee Valley Libraries  
your place | your partner | your library