

# PLUM CREEK LIBRARY SYSTEM

## Registration Form

\*indicates a required field

*Library Use Only (All fields required)*

Barcode Number \_\_\_\_\_ Patron Type \_\_\_\_\_ Date \_\_\_\_\_

Member Library Agency \_\_\_\_\_

County Commission District \_\_\_\_\_ Reciprocal Borrower Type (if applicable) \_\_\_\_\_

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_ \*Middle \_\_\_\_\_

\*Date of Birth (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Permanent Address: Street \_\_\_\_\_ PO Box \_\_\_\_\_

\*County \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_

\*Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_ Alternate Email \_\_\_\_\_

\*Driver's License Number \_\_\_\_\_ \*Expiration Date \_\_\_\_\_

Alternative Identification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Type \_\_\_\_\_

Temporary Address: Street \_\_\_\_\_ PO Box \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*Do you reside within the city limits?  YES  NO \*Township \_\_\_\_\_

(Only if living outside the city limits)

Would you like to receive Holds, Overdue and Fine notices by Email?  YES  NO

Would you like to receive news and events by email from your library?  YES  NO

Pursuant to the Minnesota Government Data Practices Act, library users must be informed of what private data is being collected, its uses and disposition (sometimes referred to as the "Tennessee warning"). By Minnesota law, information you provide in applying for a library card (other than your name) is private. Likewise, services you use, such as checking out materials and using the internet, are also private. This information is available only to you and to appropriate library personnel. You are not legally required to provide the information on the application, but you will not receive a library card if you choose not to provide the requested information. The personal information provided, including materials checked out, must be released pursuant to a court order or may be shared with another agency in pursuit of unreturned materials or excessive fines.

Please read before signing: I verify that this information is correct and I assume financial responsibility for materials borrowed or charges incurred on any card issued from this application.

Signature (ink only) \_\_\_\_\_ Date \_\_\_\_\_

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If user is under 16 years of age, please complete the following:

\*Printed Name of Parent or Guardian \_\_\_\_\_

\*Signature of Parent or Guardian \_\_\_\_\_

\*Address (if different from above) \_\_\_\_\_

Telephone Number (if different from above) \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

Revised 11/2021 NOTES: \_\_\_\_\_

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

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

Middle \_\_\_\_\_