East Central Regional Library Patron Registration Form

Individuals requesting service from the Library will be asked to present photo identification, proof of current mailing address, and to provide all the information requested below. Private or confidential data is being collected for the purposes of obtaining a library card and, pursuant to Minnesota statute, will not be shared with any other agency.

PLEASE COMPLETE ENTIRE FORM AND PRINT INFORMATION CLEARLY

Name __________________________________________

First          Last

Street Address _________________________________________________________________

City ____________________________ State _________ Zip ______________________

Mailing Address (if different than Street Address):

____________________________________________________________________

Current email address: ________________________________________________

If you would also like to receive information about library programs & services via email, please check here: ______

(✓) County of Residence: __Aitkin __Chisago* __Isanti ___ Kanabec ___ Mille Lacs ___ Pine

Phone Number: ( ) ______ - ________ Date of Birth: ________ ________ ________

Month Day Year

East Central Regional Library Policy Statement

The services of East Central Regional Library are provided to residents* of the Library’s six county service area. By signing this agreement and your card, you are agreeing to abide by the operating rules of the Library, to return all materials promptly when due, and to pay all outstanding fees and overdue fines. *Taylors Falls in Chisago County is unaffiliated with East Central Regional Library. Residents of the City of Taylors Falls may purchase an East Central Regional Library non-resident card.

Signature ________________________________ Date ______________________

LIBRARY USE ONLY

Barcode # 2 2050 00 _______ _______ _______ _______ _______ _______ _______ _______ Staff Initials____

Paid Non-Resident

$11.25 for 3 months ______
$45.00 for 1 year ________

Identification

Checked for CURRENT ADDRESS (✓) ______

Checked Photo ID (✓) ______

Default Hold Pickup Location ___________

03/18