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 **Middle Initial** **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 **ISSUING BRANCH** _____

Barcode # 2 2050 00 _____ _____ _____ _____ _____ _____ _____ **Staff Initials**_____

Paid Non-Resident

$11.25 for 3 months _____
$45.00 for 1 year _____

Default Hold Pickup Location _____

Identification

Checked for CURRENT ADDRESS (√) _____

Checked Photo ID (√) _____

03/18