East Central Regional Library Patron Registration Form

Individuals requesting service from the Library will be asked for two forms of identification (one must show your current mailing address) and to provide all the information requested below.

PLEASE COMPLETE ENTIRE FORM AND PRINT INFORMATION CLEARLY!

Name _____
First **Middle Initial** **Last**

Mailing Address _____

If P. O. Address, please list street address also _____

City _____ **State** _____ **Zip** _____

*****If you wish to receive overdue/hold notices via email please PRINT CLEARLY!!***

Current email address: _____

I would also like to receive information about library programs & services via email ____Yes ____ No
(We will not distribute or disclose your email address to any third party!)

(√) County of Residence: ___Aitkin ___Chisago* ___Isanti ___ Kanabec ___ Mille Lacs ___ Pine

Phone Numbers: Home ( ) _____ - _____ Work/Cell ( ) _____ - _____

Date of Birth: _____ _____ _____ *(for statistical purposes only)*
Month **Day** **Year**

ECRL 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 ECRL. Taylors Falls city residents may get an ECRL library card by paying the non-resident fee.

Signature _____ **Date** _____

LIBRARY USE ONLY **ISSUING BRANCH** _____

Barcode # 2 2050 00 _____ _____ _____ _____ _____ _____ _____

Paid Non-Resident
($11.25 for 3 months) _____

($45.00 for 1 year) _____

Staff Initials _____

Identification (2 forms required)

Checked for 1st ID with CURRENT ADDRESS (√) _____

Checked for 2nd ID (√) _____

*Confidential information will **NOT** be shared with any other agency* *2/10*