

PIEDMONT VALLEY LIBRARY REGISTRATION FORM

Last Name: _____

First Name: _____ Middle Initial _____

Mailing Address: _____

(if different than Physical Address)

Physical Address: _____

(Proof of this address is required) County _____

City: _____ Zip Code: _____

Telephone: _____

Email: _____

Signature _____

You will be asked to sign your form on a future visit to the library.

Would you like to receive our
monthly e-newsletter?

YES

NO

Might you be interested in
volunteering at the library?

Yes, please contact me

No

Maybe someday

***IF YOU WANT YOUR MINOR CHILD(REN)
TO HAVE THEIR OWN CARD(S),
YOU MUST FILL OUT BOTTOM OF SHEET.**

STAFF: *checked Koha for other account?*

Staff initials & date _____

If you would like any of your custodial minor children to have their own library account and card,
please complete the following registration for minors:

I approve the issuance of an individual library card to the following minor(s) and agree to be responsible for any damage, loss, or delay in returning library materials charged to their account(s). I also assume the responsibility of monitoring the minor's use of library resources.

NAME of each minor child:

DATE of BIRTH of each minor child:

_____	_____
_____	_____
_____	_____
_____	_____

Signature of Parent or Guardian: _____