

PIEDMONT VALLEY LIBRARY REGISTRATION FORM

Please print legibly

Last Name: _____

First Name: _____ Middle Initial _____

Mailing Address: _____

(if different than Physical Address)

Physical Address: _____ County _____

(Proof of this address is required)

City: _____ Zip Code: _____

Telephone: _____

Email: _____

Date of Birth: _____ / _____ / _____

Signature: _____

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),
PLEASE SEE THE OTHER SIDE.**

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 (please print):

DATE of BIRTH of Each Minor Child:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Parent or Guardian: _____