

Cahokia Public Library District

Adult Registration Form

PRINT THE FOLLOWING:

NAME: _____
(Last Name) (First Name) (Middle Initial)

ADDRESS: _____

PRIMARY PHONE NUMBER: _____ DATE OF BIRTH: ____/____/____

EMAIL ADDRESS: _____

DRIVERS LICENSE # / ID #: _____

NOTIFICATION PREFERENCE (FOR LIBRARY PURPOSES) - CHOOSE ONLY ONE:

___PHONE ___EMAIL ___TEXT (PLEASE PROVIDE CARRIER) _____

I understand that I am responsible for all use of my library card. I agree to comply with all rules and regulations of the Cahokia Public Library District, to pay promptly all fines for overdue, damaged, or lost materials, and to give immediate notice of any change of address. I understand that library theft can be a felony. I also understand that the Internet-access computers are not located in private rooms, and I waive any confidentiality or privacy arising out of or involving use of the Internet through the Library.

SIGNATURE: _____ DATE: ____/____/____

Staff Use Only

Date: ____/____/____

Staff Initials: _____

New Patron

Renewal

Change of Address

Non-Resident or Property Owner

Patron Associations:

