

MATHEWS MEMORIAL LIBRARY REGISTRATION FOR PATRON ID CARD

APPLICANT INFORMATION

First Name:		Last Name:	
Date of Birth (Under 18 Only): / /		Patron Category: <input type="checkbox"/> Juvenile (0-13) <input type="checkbox"/> Young Adult (14-17) <input type="checkbox"/> Adult (18+)	
Current Mailing Address:			
City:	State:	ZIP Code:	
Home Phone:	Cell Phone:	Work Phone:	
Email address:			
Alternate address:			
City:	State:	Zip Code:	

COMPUTER USE

If you plan to use the computers at the library you must read and accept the library's *Public Computer and Internet Access Use Policy* and sign the application below. Patrons **under age 18** must have a parent or guardian sign the application below to receive permission to use the library computers.

I wish to register to use the library computers: Yes No

VIDEO CHECKOUT

If you plan to check out videocassettes or DVDs from the library you must read and accept the library's *Videocassette and DVD Checkout Policy* and sign the application below. Patrons **under age 18** must have a parent or guardian sign the application below to receive permission to check out videos.

I wish to register to check out videocassettes or DVDs: Yes No

SHOW PREVIOUSLY CHECKED OUT ITEMS

You now have the option of viewing the items you have previously checked out, either online when you are logged in to your account or by asking the staff at the circulation desk. I want to allow the library system to keep track of my circulation history, in accordance with the library's *Privacy Policy*. Yes No

EMAIL ACCOUNT SUMMARY

I want to receive a weekly email summary of my library account including items checked out, items on reserve and any fines I may owe: Yes No

SIGNATURE

The Virginia Freedom of Information Act, which ensures access to public records, contains certain exclusions which prohibit disclosure, among which are "Library records that can be used to identify both (i) any library patron who has borrowed material from a library and (ii) the material such patron borrowed. All patrons records held by the Mathews Memorial Library are available only to the individual patron.

I hereby agree to accept all policies of the Mathews Memorial Library. I realize that I am responsible for all materials borrowed on my library card and agree to pay any fines accrued to my account. I will give immediate notice of change of address. I will report lost or stolen cards to the library staff.

Signature of applicant:	Date:
Signature of parent <i>(only if applicant is under age 18)</i>	Date:

STAFF USE

ID Presented:	Barcode Number:
Staff / Volunteer Name:	<input type="checkbox"/> Entered <input type="checkbox"/> Verified REV 01/2012