

PORTLAND PUBLIC LIBRARY: PATRON REGISTRATION DATE: _____

NAME (print) _____
Last First M.I.

MAILING ADDRESS _____ APT# _____
Street

City State Zip Phone

PERMANENT ADDRESS _____
(if different) Street

City State Zip Phone

EMPLOYER _____
Name

Address Zip Phone

SCHOOL _____
Name

City

Gender Male Female Year of Birth _____

E-mail Address _____

(By providing your e-mail address you are agreeing to receive hold notices via e-mail, rather than the US Postal Service.)

I agree to abide by the rules of the Portland Public Library, and to assume responsibility for all Library materials borrowed with my library card.

Signature

Parent's/Guardian's Signature
(for child to age 12) _____

STAFF USE ONLY:

Identification showing applicant's current address is requested.

ZEBRA _____ ID seen _____

AGENCY _____

Staff Initials _____