Sidney Memorial Public Library Patron Registration

All Patrons: Date: _____

Name: _____
First Middle Last

Local Mailing Address: _____
Street or PO Box #

_____
City State Zip County

_____ Town _____ Village Telephone : _____

Birth Date: _____ School District: _____

[redacted] _____

E-mail Address: _____
You will receive overdue and holds notices by e-mail if you provide us with an e-mail address.

Would you like to receive our e-newsletter? _____ Yes _____ No

Secondary Address: _____
Street or PO Box #

_____
City State Zip County

Telephone: _____

Employer: _____

_____
Street or PO Box # City State Zip

Telephone: _____

Children 15 years old and younger:

Name of Parent/Guardian: _____
First M.I. Last

Parent's Address (if different): _____
Street or PO Box #

_____
City State Zip County

Child's E-mail Address: _____
You will receive overdue and holds notices by e-mail if you provide us with an e-mail address.

Staff Use Only

Barcode Number: _____

Class: Adult JU (12 & under) YA (13-17)

Initial: _____