

# SAILS Library Network

To register for a library card you will need to complete this form and provide proper identification as required by the issuing library. The information on this form is solicited to obtain a complete list of library patrons and will be used solely to record the location of library books and property.

## \*REQUIRED INFORMATION

Please Print

### \*Name

Last \_\_\_\_\_ First \_\_\_\_\_ Full Middle \_\_\_\_\_

### \*Mailing Address

Street \_\_\_\_\_ Apt. \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ \*Birth date Month \_\_\_\_\_ Day \_\_\_\_\_

Other Address – Year Round \_\_\_ Seasonal \_\_\_ (check one)

Street \_\_\_\_\_ Apt. \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I agree to be responsible for material borrowed with this card, for all the fines incurred, and for loss and damage of material charged upon it. I release the library from any liability for damages occurring from equipment or material I have borrowed.

**\*Parents MUST Sign for Patrons Under Age 18**

I agree to be responsible for materials borrowed with this card, for all fines incurred, and for loss and damage of material charged upon it. I release the library from any liability for damages occurring from any material or materials borrowed. I accept responsibility for the selections of materials made by this person. This may include access to electronic resources such as the Internet.

\_\_\_\_\_  
\*Signature

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date

Please provide the following information. It will be used for STATISTICAL purposes only.

AGE	SEX	Preferred reading language
A. 0-4	A. Female	A. English
B. 5-12	B. Male	B. Portuguese
C. 13-17		C. Spanish
D. 18-30		D. French
E. 31-60		E. Other
F. 61+		_____

DO NOT WRITE BELOW THIS LINE

Patron Type: JUV \_\_\_\_\_ YA \_\_\_\_\_ ADULT \_\_\_\_\_ SRCIT \_\_\_\_\_ NO MASS \_\_\_\_\_ OTHER \_\_\_\_\_

Identification \_\_\_\_\_ Proof of Address \_\_\_\_\_ Staff Initials \_\_\_\_\_ Date \_\_\_\_\_