

# Elizabethtown Public Library ~ Library Card Registration Form

\*Name \_\_\_\_\_  
First Name Middle Initial Last Name Suffix

\*Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

\*City: \_\_\_\_\_, PA \_\_\_\_\_ \*Zip: \_\_\_\_\_

Alternate Address \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ Work/Other Phone: \_\_\_\_\_

\*City, Borough, or Township: \_\_\_\_\_ \*County \_\_\_\_\_

\*Name of primary contact at this address for Library mailings: \_\_\_\_\_

\*School District: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender: M F

Languages spoken at home other than English \_\_\_\_\_ Home-Schooler: Yes No

- Race:
- |  |  |
|--|--|
| <input type="checkbox"/> White                     | <input type="checkbox"/> American Indian or Alaska Native          |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian                     | <input type="checkbox"/> _____                                     |
| <input type="checkbox"/> Hispanic or Latino        |  |

Would you like to be informed about Library events via email? YES NO

Would you like to be contacted about becoming a Library volunteer? YES NO

By signing you apply for the right to use the Library and you promise to abide by all its rules, to give immediate notice of change of address or telephone number, and to promptly pay any fines or damages charged to your card. All registered card holders in good standing have equal right to access all materials and services the Library provides. Some services (ie: computing) may require additional signatures. Elizabethtown Public Library recognizes the legal guaranties of confidentiality as specified in The Library Code, Act of June 14, 1961, P.L. 324, as amended through July 1, 1985, Section 428. The Library promises to keep all Library transactions of all clients confidential and will disclose information to secondary sources only if permission is granted by cardholder or upon legal subpoena.

Any child under 14 years of age must have a parent's signature. Parents and guardians signing for borrowers under the age of 14 are responsible for their fines and lost materials incurred by their usage. Parents and guardians are also responsible for monitoring the materials their children or wards borrow through personal interaction with the child. Please note the Library respects the confidentiality of all clients and extends equal privileges and responsibilities to all clients regardless of age. Parents inquiring on a child's card will need to have the child's consent for information disclosure.

I have read the **Library Card User Rights and Responsibilities** and this application in full and agree to comply with the guidelines presented, both explicitly and implicitly.

\*Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

\* Parent Signature (if applicant is under 14) \_\_\_\_\_

### \* Required information

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**Library use only:**  
Barcode \_\_\_\_\_ Date \_\_\_\_\_

Identification Used & Number (Driver's Lic. #) \_\_\_\_\_

Team Member Initials \_\_\_\_\_ Out of County:  Access Card Verification  Fee \_\_\_\_\_ Updated 2/06