

ATLANTIC COUNTY LIBRARY SYSTEM LIBRARY CARD REGISTRATION

PROOF OF RESIDENCY IS REQUIRED TO OBTAIN A LIBRARY CARD**

APPLICANT INFORMATION	PLEASE PRINT	ALL INFORMATION IS CONFIDENTIAL
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PATRON NAME _____
LAST FIRST MI

BIRTHDATE _____ **PLEASE CHOOSE A 4-DIGIT PIN** _____
MM/DD/YYYY

PRIMARY PHONE _____ **SECONDARY PHONE** _____

PRIMARY ADDRESS _____
STREET APT MUNICIPALITY

CITY, STATE _____ **ZIPCODE** _____

SECONDARY ADDRESS _____

CITY, STATE _____ **ZIPCODE** _____

EMAIL ADDRESS _____ **CONTACT PREFERENCE** _____ **EMAIL** _____ **PHONE** _____

****PROOF OF RESIDENCY**

I accept full responsibility for all use of this library card and for all fines and fees associated with its use. I agree to abide by the Library's rules and regulations.

DRIVER'S LICENSE # _____ **ALTERNATE ID** _____

SIGNATURE

PATRON MAY CHECK OUT TWO ITEMS THE FIRST TIME CARD IS USED.

FOR STAFF USE ONLY:

BARCODE : 21975 _____ **EXP DATE** _____

ITEM #1 31975 _____ **ITEM #2 31975** _____

AGENCY	PATRON PROFILES	USER CAT1	ENTERED BY/DATE
	<input type="checkbox"/> JUVENILE PATRON <input type="checkbox"/> 4 MO/ SEASONAL <input type="checkbox"/> PATRON <input type="checkbox"/> NON-RESIDENT <input type="checkbox"/> HOMEBOUND/TTT/ STAFF	<input type="checkbox"/> JUVENILE PATRON <input type="checkbox"/> ACLS STAFF <input type="checkbox"/> HOMEBOUND <input type="checkbox"/> RECIPROCAL <input type="checkbox"/> 4MO/SEASONAL <input type="checkbox"/> ACLS NON-RESIDENT	
			REVIEWED BY/DATE



Atlantic County Executive Dennis Levinson
Atlantic County Board of Chosen Freeholders, Frank D. Formica, Chairman
9/15