



# ADULT PATRON

## POLLARD MEMORIAL LIBRARY REGISTRATION FORM

PLEASE PRINT

Name: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
Number Street Apt#

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

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**NOTIFICATIONS:** Please check the box and fill in the information on your preferred method to be notified of holds, late items, and information on borrowed materials.

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Text Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

If you choose to be notified by email or text no paper notifications will be mailed. Information about borrowed materials will be transmitted electronically. We cannot guarantee privacy.

**Would you like to receive our bi-weekly email newsletter of Pollard Library events, programs and services?**

Circle: Yes No Initial

For Staff Use Only:

Zebra



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