

NCRRL

Library Card Application

NORTH CENTRAL REGIONAL LIBRARY

Name: _____
Last First Middle

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Alternate phone number: _____

I prefer notices by phone | e-mail (circle one). Email address: _____

(Personal information is not shared with anyone.)

Is this a temporary address? Yes | No If yes: Beginning Date _____ Ending Date _____

I acknowledge that I am responsible for all materials borrowed on this library card. I agree to abide by library rules, including the timely return of borrowed items. I understand that failure to return borrowed materials or to pay for lost or damaged materials may result in a loss of borrowing privileges.

Signature: _____