



# LIBRARY CARD REGISTRATION FORM

Springfield-Greene County Library District • Springfield, Missouri

**! PHOTO ID AND PROOF OF CURRENT ADDRESS REQUIRED.**

County of residence \_\_\_\_\_ Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Name \_\_\_\_\_ Signature (required) \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Legal name (if different) \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Mailing address \_\_\_\_\_  
STREET APT. # CITY STATE ZIP

Permanent address \_\_\_\_\_  
STREET APT. # CITY STATE ZIP

Primary telephone (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

For notification of holds, overdue, etc. (check one):  Phone  Email *(Please ask staff about alternative notification options.)*

Subscribe to the free Library Newsletter \_\_\_\_\_  
EMAIL ADDRESS

Parent/guardian (if card holder is under 18 years old):

\_\_\_\_\_  
NAME RELATIONSHIP TELEPHONE SIGNATURE (REQUIRED)

**For your convenience, your card will be linked to the library cards of other family members in your household. This allows them access to your library card.**

**FOR OFFICE USE ONLY:** Bar code 214920 \_\_\_\_\_ Date entered \_\_\_\_\_ Staff initials \_\_\_\_\_