LIBRARY CARD REGISTRATION FORM
Springfield-Greene County Library District • Springfield, Missouri

County of residence _____________________________________________ Birth date _____/_____/_______

Name ___________________________________________ Signature (required) ______________________________

Legal name (if different) __________________________________________

Mailing address __________________________________________________________________________________

Permanent address _______________________________________________________________________________

Primary telephone (____)____________________ Email address ________________________________________

For notification of holds, overdues, 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 ______

PHOTO ID AND PROOF OF CURRENT ADDRESS REQUIRED.