Anne Arundel County Public Library

REGISTRATION FORM

PLEASE PRESENT this form with a Driver's License or other valid identification showing current address.
PRINT ONE character in each box. SKIP ONE SPACE between requested information.

LAST NAME **Jr., Sr., II, etc.**

FIRST NAME

MIDDLE NAME

To use our Automated Borrower Information line (410-222-4444 or 301-970-2131) or access your borrower record from your home computer (www.aacpl.net), you must have a Personal Identification Number (PIN). If you do not choose a PIN, the library will assign you the last 4 digits of your phone number.

Please choose a four digit number ____ ____ ____ ____

SEX

BIRTHDAY (mm/dd/yy) ____/____/____

MAILING ADDRESS (Please give number, street, apartment number, P.O. Box #, etc.)

CITY

M **D**

ZIP + Four **AREA CODE** **TELEPHONE** —

If you prefer to be notified of holds and overdues by email, please fill in your email address. _____

MARYLAND DRIVER'S LICENSE NUMBER _____

By signing, the card holder accepts responsibility for all materials borrowed and fines charged to his or her card and understands that unpaid bills may be referred to a collection agency for settlement. For your protection, do not allow others to use your library card and report any loss or theft of the card to library staff.

SIGNATURE _____ DATE _____

(A parent or guardian must sign for children under 14 years of age.)

☐ SELF ☐ PARENT ☐ GUARDIAN / CAREGIVER

FOR LIBRARY USE ONLY

ID# _____ ☐ New Registration ☐ Identification ☐ Mailed ☐ Parental Permission Pending

STAFF INITIALS _____ AGENCY _____ INPUT BY _____

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