Card No. _____

SAILS Library Network

To register for a library card you will need to complete this form and provide proper identification as required by the issuing library. The information on this form is solicited to obtain a complete list of library patrons and will be used solely to record the location of library books and property.

*REQUIRED INFORMATION
Please Print

*Name
Last _____ First _____ Full Middle _____

*Mailing Address

Street _____ Apt. _____ P.O. Box _____

City _____ State _____ Zip Code _____

Primary phone:(____)_____ Text Phone:(____)_____

E-Mail _____ *Birth date _____ Age_____

Other Address – Year Round ___ Seasonal ___ (check one)

Street _____ Apt. _____ P.O. Box _____

City _____ State _____ Zip Code _____

I agree to be responsible for material borrowed with this card, for all the fines incurred, and for loss and damage of material charged upon it. I release the library from any liability for damages occurring from equipment or material I have borrowed.

_____
*Signature

_____
Date

Would you like us to keep a history of your checkouts?

_____ Yes   _____No

*Parents MUST Sign for Patrons Under Age _____
I agree to be responsible for materials borrowed with this card, for all fines incurred, and for loss and damage of material charged upon it. I release the library from any liability for damages occurring from any material or materials borrowed. I accept responsibility for the selections of materials made by this person. This may include access to electronic resources such as the Internet.

_____
Signature of Parent or Guardian

_____
Printed Name of Parent or Guardian

_____
Date

Preferred language for notices   English_____   Portuguese _____   Spanish _____

Select the Method You Want for Library Notifications **(only select one)**

___ Email   _____ Telephone Call   _____ Text (there may be a charge from your service provider)

___

DO NOT WRITE BELOW THIS LINE

Patron Type: JUV _____ YA _____ ADULT _____ SRCIT _____ NO MASS _____ OTHER : _____

Identification _____ Proof of Address _____ Staff Initials _____ Date _____