

# LIBRARY CARD REGISTRATION FORM

## Oceanic Free Library

109 Avenue of Two Rivers, Rumson, NJ 07760

BARCODE

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New to Rumson? \_\_\_\_\_

\_\_\_\_\_  
Last Name

Male

Female

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Full Middle Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Coce

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Email

\_\_\_\_\_  
Birthday

In return for the right to use the Library, I agree to take responsibility for all borrowed items with this card. I agree to give immediate notice of any change of address and to report loss of card. A replacement fee will be charged for lost cards.

SIGNATURE (APPLICANT) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE (PARENT/GUARDIAN) \_\_\_\_\_ DATE \_\_\_\_\_  
(Applicants age 13 and under)

**\*\* DO NOT WRITE BELOW THIS LINE \*\* FOR STAFF USE ONLY \*\* DO NOT WRITE BELOW THIS LINE \*\* FOR STAFF USE ONLY \*\* DO NOT WRITE BELOW THIS LINE \*\***

ID CHECKED

### CARD TYPES

STAFF INITIALS \_\_\_\_\_

XRS\_ADULT (ADULT)

XRS\_PAID (PAID)

DATE \_\_\_\_\_

XRS\_JUV (JUV)

XRS\_TEACHER (TEACHER)