

ESSEX LIBRARY
ASSOCIATION

Patron Registration Form

NAME: _____

ADDRESS: _____

DATE OF BIRTH (IF UNDER 18) _____

PARENT OR GUARDIAN (IF UNDER 18), OR RESPONSIBLE
ESSEX RESIDENT FOR TEMPORARY CARD APPLICANTS:

TELEPHONE: _____

EMAIL: _____

*We respect your privacy. We will never pass this information
along to any other organization or company*

DO YOU PREFER TO BE NOTIFIED ABOUT HOLDS AND OVERDUE
ITEMS VIA:

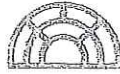
TELEPHONE

EMAIL

please check here if you would like to receive email notifications
about program cancellations, special events, ways to support the
Library and other useful information.

please check here if you would like to receive Librar-E-Lations, the
Essex Library Association's monthly online newsletter

I agree to the circulation policies of the Essex Library Association
Signed (parent or guardian if patron is under 18, responsible Essex
resident if card is temporary):



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