## 

First Name:		_MI:		
PRIMARY ADDRESS				
Street:		Apt/Lot #		
City:	State:	Zip		
Phone Number:				
Township:	County:_			
Birthdate: Driver's License: or State ID				
Please keep a history of my check				

Text Msg Provider:\_\_\_\_\_ Receipts: Email □ Print □
Email Address:\_\_\_\_

Please send notifications by: Email □ Text Message □ Paper □

PERMANENT ADDRESS IF DIFFERENT FROM ABOVE

Street: \_\_\_\_\_ Apt/Lot #\_\_\_\_\_

City: State: Zip

I agree to follow the library's policies which are listed on our website at www.crdl.org. By signing this form, I verify that the above information is true, and I accept the financial responsibility for paying for materials lost or damaged, and for overdue fines or rental charges due.

**Note:** Chippewa River District Library system participates in a shared automation system with CCoMPSS partner libraries. Patron records can be viewed for circulation purposes by the library staff of participating CCoMPSS libraries in accordance with the Michigan Library Privacy Act, MCL 397.601, *et seq.* A patron who is not in good standing at a CCoMPSS partner library will not be allowed to check out library materials from any branch of the Chippewa River Library System until good standing is restored.

SIGNATURE:\_\_\_\_DATE:\_\_\_

## CRDL PATRON REGISTRATION

Valid current identification will be re	equired when card is issued
Last Name:	
FirstName:	MI:
PRIMARY ADDRESS	
Street:	Apt/Lot #
City:	State: Zip
Phone Number:	
	County:
Birthdate: Driver	's License:or State ID
Please keep a history of my check	kouts. □
Please send notifications by: Ema	ail □ Text Message □ Paper □
Text Msg Provider:	Receipts: Email □ Print □
Email Address:	
PERMANENT ADDRESS IF DI	FFERENT FROM ABOVE
Street:	Apt/Lot #
City:	State: Zip
	I verify that the above information nsibility for paying for materials lost of
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SIGNATURE:	DATE:

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L'harana Usa Ordan	Library Has Onlys
Library Use Only:	Library Use Only:
Patron Type: ☐ Adult ☐ Juvenile ☐ Teacher ☐ Staff	Patron Type: □ Adult □ Juvenile □ Teacher □ Staff
Residence: □ In District □ Out District	Residence: □ In District □ Out District
Staff Initials:	Staff Initials: