USER BARCODE# 27425000	DATE:	Staff Initials	
ABOVE LINE FOR LIBRARY USE O	ONLY		
Non-school Patron Registration	on – Williamsburg L	Libraries	
Name:			
First	Middle (<u>Staff</u> – no period after	Last initial)	
Date of Birth: //			
E-mail address		_	
(STAFF: Enter in lower-case) (used only for	or sending request and	overdue notices unless box below	v is
checked) I give permission to the Meek	xins Library staff ar	nd trustees to send e-mail to	me
for purposes other than state	•	na trastees to sena e man to	
Daytime Phone:	(Usa hynh	nons in ontry: no () or words)	
Evening Phone:			
Other Phone:			
Home Library = Town of Physica	l Residence	(the town in	<u>which</u>
<u>you physically reside</u>) (Staff – use this to detern "WILLMSBRG" as home library. However, Pa town use the <u>town where they physically reside</u>	atrons having a mailing add	dress in Williamsburg but living in anot	
Permission group (circle one) Juvenile Default Hold Pickup Location	_		(60+)
Mailing Zipcode (Sta			
26.00			
Mailing address:(Staff: use only CAPS throughout, except in e-r	mail: NO punctuation mark	ks in address)	_
		,	
City/State:			
Physical Address:			
Physical Address: (Street address if using PO Box for mailing address)	dress or if you do not reside	e in the town to which your mail is sent.)
City/State:	Zipcode		
I promise to take good care of the Library mat and C/WMARS consortium. I promise to pay a			e library
SIGNATURE	PRIN	NT	_
<u>Under 18 Permission</u> : I am willing that my sor member libraries in the C/WMARS consortium	n/daughter n. I promise to pay any cost	ts justly charged to him/her for any dan	ks from nage to

_PRINT_____

or loss of materials.

SIGNATURE____