

Library Card Registration Form



Clarington Public Library
Experience **Community**

Last Name: _____

First Name: _____ Middle Name: _____

Home Address: _____

City/Town: _____ Province: _____

Postal Code: _____ Home Phone: _____

Date of Birth (day / month / year): _____

Email Address: _____

I would like to receive notifications via: Telephone Email

By selecting email notifications, I consent to receiving electronic communications from Clarington Public Library in the form of automated account notifications. I understand I may unsubscribe from these notifications at any time.

Yes, please sign me up for the Clarington Public Library eNewsletter.

By checking this box, I consent to receiving electronic communications from Clarington Public Library in the form of the Library eNewsletter. I understand I may unsubscribe from this list at any time.

Children have access to all materials, including adult materials. Responsibility for the monitoring of children's choice of library materials and use of the Internet rests with parents/guardians.

Declaration: I am responsible for materials borrowed on this card. I will report a lost/stolen card or any change in address immediately. I will adhere to the Library's Internet Access Policy, available online at www.clarington-library.on.ca.

Signature of Cardholder: _____

(If under 12 years of age, parent/guardian to sign.)

Personal information on this form is collected under the authority of Public Libraries Act, R.S.O. 1990 Chapter P44, and will be used to lend library materials and to provide other library services. Questions about this collection may be directed to the Manager of Administrative Services, Clarington Public Library.

STAFF USE ONLY

Card Barcode: _____

Item Barcode: _____