

Library Card Registration Form



Clarington Public Library
Experience Community

1. Personal Information

Last Name: _____

First Name: _____

Street Address: _____

City/Town: _____

Postal Code: _____ Province: _____

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

Home Phone: _____

Email Address: _____

2. Notifications

I would like to receive notifications via: Phone Email

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

Form continues on reverse.

3. eNewsletter

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

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

4. Declarations

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

By signing this form, I agree that **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.

5. Signature

Signature of Cardholder: _____

6. Questions?

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.