

PORTLAND PUBLIC LIBRARY CARD REGISTRATION Date _____

NAME _____
(print) Surname First Name M.I.

MAILING/LOCAL ADDRESS _____ Apt # _____
Street

City State Zip

PERMANENT ADDRESS _____ Apt # _____
(if different) Street

City State Zip

PHONE _____ **YEAR OF BIRTH** _____

PIN _____ (choose 4 digits for use with website)

EMAIL ADDRESS _____
(By providing your email address, you are agreeing to receive library notices electronically)

I agree to respect the rules of Portland Public Library and to return everything I borrow in good condition.

Signature _____ Parent's/guardian's signature
(for child to age 12)

(print) Parent/Guardian

----- **STAFF USE ONLY** -----
Identification showing applicant's current address is requested.

Barcode # _____ Staff initials _____

Type of ID shown & final four digits of ID

Partner Library

PORTLAND EMPLOYER/SCHOOL _____
(if applicant lives outside service area but works in Portland; must show proof)

EMPLOYER'S ADDRESS _____

