Sidney Memorial Public Library Patron Registration

All Patrons:		Da	ite:		
Name:					
First		Middle	Last		
Local Mailing Address:					
	Street or F	PO Box #			
City	State	Zip		County	
Town	Village	Telephone	e:		
Birth Date:		School	District:		
Last 6 Digits of Driver's Lie	cense:				
E-mail Address:					
	You will receive ove	erdue and holds notice	es by e-mail if y	ou provide us with an e-mail add	ress.
Secondary Address:					
	Stree	et or PO Box #			
City	State	Zip		County	
Telephone:					
Employer:					
Street or PO Box #		City	State	Zip	
Telephone:					
Children 15 years old an	d vounger:				
-					
Name of Parent/Guar	dian: First	M.I.		Last	
Parent's Address (if differe	ant):				
Falent's Address (il dillere	5m)	Street or PO Box	<#		
City	State	Zip		County	
Child's E-mail Address:					
You Staff Use Only	will receive overdu	ue and holds notices b	y e-mail if you	provide us with an e-mail address	s.
Barcode Number:					
Class: Adult JU (12 Initial:	& under)	YA (13-17)			