

# Winterset Public Library: Registration for Library Services

2 Documents Required: Photo ID and verification of current Iowa address (such as official mail, printed checks)

\*\*\*Please Print\*\*\*

NAME Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_

Please circle the phone above that you consider your PRIMARY phone number.

Email Address \_\_\_\_\_

Contact for holds & overdues: (circle one) Mail eMail eMail + Text Message Text Only

If you selected eMail+Text Message OR text only, your cell phone carrier is \_\_\_\_\_

RESIDENCE (Mark One)  Inside Winterset city limits  
 Rural Madison County  
 Inside city limits of a town in Madison County. Town: \_\_\_\_\_  
 Other Iowa County. Town & County: \_\_\_\_\_

Library Password (4-10 digits: lower-case letters & numbers only) \_\_\_\_\_

Gender (circle one) M F Photo ID Number \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (mo/day/yr)

Would you like our computer to maintain a permanent reading list? (circle one) Yes No

The permanent reading list gives you the ability to maintain a record of the materials you have checked out.

In certain circumstances, it also allows law enforcement to view the record. Patrons can turn it on/off.

I agree to abide by Library policies, including the Movie Checkout Policies.

I agree to be financially responsible for materials borrowed with this card, and for fines incurred.

I agree to notify the Library of any change of address, and if my library card is lost or stolen.

APPLICANT SIGNATURE OF AGREEMENT \_\_\_\_\_

☺ Parents fill out this section to complete child's registration, ages 5-17 ☺

Parent must register for library services before registering children

Movie Ratings Permitted (circle highest level permitted) None Not-Rated G PG PG-13 R

Internet Permitted (circle one) Yes No

I give permission for the minor listed on this application to receive Library privileges. I, the parent, am financially responsible for materials borrowed with this card, and for fines incurred. I will notify the Library of any change of address, and if the minor's card is lost or stolen.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT'S PHONES (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

PARENT'S MAILING ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_