**LIBRARY USE ONLY** **Staff initials:** **Barcode:**
Application Date:
Expiration Date: 1 year 3 years Exact date: _____ ☐ New ☐ Rereg ☐ Other: _____
Patron Code: ☐ Main ☐ MTR ☐ WES
Stat Class: DUL ALS TEMP INTERNET COMPACT STUDENT OTHER _____ ☐ Associated

| | | | | |
|---|---|---|---|---|
| **Last Name:** | | | **Home Phone:** | **Cell Phone:** |
| **First Name:** | | | **Email:** | |
| **Middle Name:** | | | **How would you like to be notified?** ☐Phone **OR** ☐Email // ☐add Text | **Cell phone carrier:** (for text) |
| **Street:** | | | **Would you like to receive eReceipts for checkout?** ☐ Yes ☐ No / if **Yes** - **Type**: ☐Text or ☐Email | |
| **City:** | **State:** | **Zip Code:** | **Password/PIN:** (4-14 numbers and/or case sensitive letters) | |
| **County:** | | | **Birth Date**: (month/day/year) | |
| **Township:** (if out of city limits) | | | **Do you want to maintain a reading history: a list of up to 500 items checked out in past 5 years?** ☐ Yes ☐ No | |
| **By signing this, I understand that it is unlawful not to return materials and I will be held fully responsible for all materials checked out on this card. Parents, not library staff, are responsible for the selections of minors. The library will be scanning or entering your ID number for positive identification purposes.** | | | **Alternate/Permanent Address**: (if different) | |
| **Signature**: | | | **Signature of parent or guardian**: (for applicants under 14 years old) | |

**Please bring your picture ID and proof of your current address to the Duluth Public Library to complete your registration and to pick up your card.**