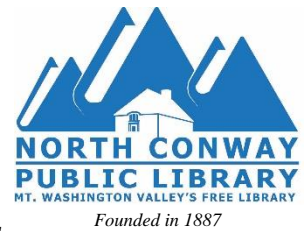


# North Conway Public Library

*A privately endowed library free and open to the public*



## Adult Registration Form: NEW Patrons

**For Residents of:** North Conway, Conway, Center Conway, South Conway, Kearsarge, Redstone, Intervale, Glen, Bartlett, Jackson, Hale's Location, Hart's Location, Chatham, Albany, Eaton, Madison.

Name (in CAPS): \_\_\_\_\_

**Please Print Clearly - in CAPITAL BLOCK LETTERS (!)** *All information will be treated as confidential*

Last name \_\_\_\_\_ First \_\_\_\_\_ I go by \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Middle Initial \_\_\_\_\_  Ms.  Mrs.  Mr.  Dr.

Mailing Address: \_\_\_\_\_

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

Local Physical Address: \_\_\_\_\_

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

Phone #1 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Home  Cell  Work Phone #2 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Home  Cell  Work

Email address (please fill out!): \_\_\_\_\_

Full-time Resident  Part-time Resident  Working in No. Conway: Employer: \_\_\_\_\_

**Preferred Contact for Reserves:**  Email  Text message  Phone #1



I wish to receive a Library **e-mail newsletter** (events, closings, etc.):  Yes  No

I am interested in becoming a "**Friend of the Library**" to help occasionally with projects & fundraisers:  Yes

*By signing this form, I agree to follow all library policies & rules, to accept the responsibility to return all items borrowed on my card in good condition and on time, and to pay for any charges for overdue fines, damages or losses or book drop charges for AV-materials. Damages include, but are not limited to, water damage, stains, pet bites, tears, rips, etc. In case of damage, I understand that I need to pay a replacement fee. I am aware that I need to notify the library immediately if I received a damaged item - otherwise it is assumed that I caused the damage and I will be held responsible.*

*I know that the library is a 501(c)(3) nonprofit organization and I might get contacted by the library for fundraising purposes.*

*I am giving consent to the library and authorize the use, for any purpose whatsoever, of photographs taken of me at the library or at library events.*

*I received the brochure "General Information for Patrons" (yellow trifold).*



**Like us!**  
"North Conway Library"  
"Bike4BooksNH"

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Filed out by STAFF:

1) Proof of **ID**: License # \_\_\_\_\_ State: \_\_\_\_\_ First Name \_\_\_\_\_

2a) Proof of **MWV Residency**:  Local address on license  Tax Kiosk  Other: \_\_\_\_\_

2b) If no resident but works in No. Conway: Proof of Employment: \_\_\_\_\_

Handed out *yellow trifold & Library card & "Libby" card*

AA: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_ Staff Supervisor: \_\_\_\_\_

July 2019