

# North Conway Public Library

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



Founded in 1887

## Adult Patrons (Residents) – Update

*All information will be treated as confidential*

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

**Please Print Clearly: in CAPITAL BLOCK LETTERS (!)** Library Card #: \_\_\_\_\_

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

Date of Birth (m/d/yr) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 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/Overdues:  Email  Phone #1  Text message

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

I am interested in **downloadable audiobooks & e-books**:  I already use it  Yes  No

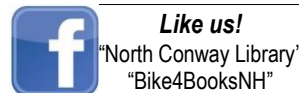
I am interested in becoming a "**Friend of the Library**" to help occasionally with projects & fundraisers:  Yes

*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 will be held responsible.*

*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).*

**I confirm I am still a local resident and/or tax-payer.**



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

### Filled out by STAFF:

- Handed out yellow information trifold  Patron declined
- Checked overdues

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

Volunteer name: \_\_\_\_\_ Staff supervisor: \_\_\_\_\_