

CHURCHILL COUNTY LIBRARY  
PATRON REGISTRATION

Library Use Only

BARCODE# \_\_\_\_\_

**DO NOT ENTER NUMBERS IN PATRON'S RECORD**

Staff Initials \_\_\_\_\_ Circle what form of ID you looked at: NV Driver's License or ID/Military Id/Other

**PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY**

1. Name \_\_\_\_\_  
Last Name First Name Middle Initial

2. Post Office Box (if any) \_\_\_\_\_

3. Physical Address \_\_\_\_\_

4. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell/Carrier ( ) \_\_\_\_\_

6. Date of Birth: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

7. E-mail address: \_\_\_\_\_

8. Do you want to be notified of holds via email \_\_\_ text \_\_\_ telephone \_\_\_ mail \_\_\_ Circle one

**9. REFERENCE \*REQUIRED\* Someone not at the same address as applicant**

\_\_\_\_\_  
Name Address Phone Number

I accept responsibility for returning all material checked out on this library card in the same physical condition as when it was checked out. I understand that failure to return the material by its due date, or in damaged physical condition, may result in fines and fees being charged to me. All materials are available to all card holders. I further understand that I am responsible for ensuring the suitability of the content of the material checked out on this library card for all persons, including children, to whom I allow access to the material.

10. Your Signature \_\_\_\_\_

**IF APPLICANT IS UNDER 18 YEARS OF AGE**

PARENTS/LEGAL GUARDIAN: Please print your name, address, and phone number.

Name \_\_\_\_\_ NVDL/Military ID \_\_\_\_\_

Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Parent's/legal guardian Signature \_\_\_\_\_

**IMPORTANT ---- PLEASE READ**

Pursuant to NRS 239.013, library patron records are confidential, and no information may be disclosed except in response to an order issued by a court if releasing such information is necessary to protect the public safety or to prosecute a crime.

# Biblioteca Del Condado De Churchill

## Inscripción De Cliente

Por favor complete totalmente y firme.

- Nombre: \_\_\_\_\_  
Apellido                                      Primer Nombre                                      Segundo Nombre
- Domicilio: \_\_\_\_\_
- Buzón Postal (*PO Box*, si tiene): \_\_\_\_\_
- Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código Postal \_\_\_\_\_
- Numero de telefono: Casa \_\_\_\_\_ Trabajo \_\_\_\_\_
- Fecha de nacimiento: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mes/dia/año)
- Correo electrónico (si tiene) \_\_\_\_\_  
(Ejemplo: *jugetel@yahoo.com*)
- ¿Cómo quiere ser notificado de encargos y de materiales atrasados? \_\_ correo; \_\_ teléfono; \_\_ correo electrónico (Seleccione uno)
- Recomendante: (Alguien que no viva en el mismo domicilio que usted)

Nombre

Domicilio

No. de teléfono

### **IMPORTANTE --- LEER POR FAVOR**

Conforme a NRS 239.013, los expedientes del cliente de la biblioteca son confidenciales, y ninguna información puede ser divulgada a menos que sea en respuesta a una orden publicada por una corte si divulgar tal información es necesario para proteger la seguridad pública o para procesar un crimen.

**Yo soy responsable por todo material bibliotecario que se adquiriera en mi cuenta.**

Firma

Fecha

### **Si aplicante es menor de edad de 18 años**

Padres: Por favor escriba su nombre, domicilio y número de telefono

Nombre de padres: \_\_\_\_\_ Tipo de ID: \_\_\_\_\_

Domicilio: \_\_\_\_\_

Número de teléfono: \_\_\_\_\_

Firma de padres: \_\_\_\_\_