

Cuba Circulating Library Borrower's Registration Form

Name: _____
Last First Middle

Permanent Mailing Address: _____
Street P.O. Box Town State Zip

Temporary Mailing Address: _____
Street Town State Zip

Phone: _____ Email Address: _____

County: _____ Township: _____

Do you reside in the Village of Cuba? _____ CR School District? _____

Birthdate: _____ NY Drivers License # _____
Month/ Day/ Year

Parent/ Legal Guardian Information: (for child 12 and under)

_____ Last Name First Name Middle

Address: _____
Street P.O. Box Town Zip

Home Phone: _____ Work Phone: _____

I understand that this card entitles me to borrow materials from the Cuba Circulating Library at no charge. As a cardholder, or the guardian of a cardholder under 13, I am responsible for returning all materials checked out on this card & to return these materials in good condition when due. I am responsible for payment of all fines for overdue items and payment for any lost or damaged materials. I will give prompt notice to the Cuba Library of any address change. I will give prompt notice to the Cuba Library of a lost card; I understand there is a fee for a replacement card. This card is not transferable.

Patron Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

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