

Alfred Box of Books Library
Patron Registration Form

Do you currently have a Library Card at another Public Library? _____

If yes where? _____

Patron ID # _____

Last Name _____ First Name _____

Local Address

Street or PO BOX _____

City _____ State _____ Zip _____

Phone _____

Drivers License # _____

E-mail _____

Non - Local Address

Street or PO BOX _____

City _____ State _____ Zip _____

Patron Signature _____

If under age 18

Date of Birth _____

Parent/ Guardian information

Name _____

Address _____

City _____ State _____ Zip _____

Parent/guardian Signature _____