

PATRON REGISTRATION FORM

The information provided on this form is subject to Freedom of Information and Protection of Privacy Legislation

IDENTIFICATION AND PROOF OF ADDRESS ARE REQUIRED FOR ALL REGISTRATIONS

Date of Birth ___/___/___ (optional) **Gender** M ___ F ___
day month year

Please consider providing this information so the Library is able to compile demographic information to serve you better.

Last Name _____

First Name _____ **Middle Initial** _____

Maiden Name _____

Parent/Guardian Name _____
 (ages 17 and under)

Phone Numbers ___ - ___ - ___ home ___ - ___ - ___ work
 ___ - ___ - ___ contact ___ - ___ - ___ cell

Employer/School _____

Statistical Class
 JV **Juvenile (under 12)** YA **Young Adult (12-17)**
 AD **Adult (18-65)** SR **Senior (65 plus)**

LOCAL/Mailing Address _____
911 Number _____ Line/Road/Street _____

City, Province _____ **Postal Code** _____

IF LOCAL ADDRESS IS TEMPORARY, PLEASE NOTE LAST DAY OF RESIDENCY, AND PROVIDE PERMANENT ADDRESS DETAILS ___/___/___
day month year

PERMANENT/Alt. Address _____

City, Province _____ **Postal Code** _____

Email Address _____

Would you like to receive all library notices via email? ___ Yes ___ No
 Would you like to subscribe to WebWatch@your library®, a free electronic newsletter produced by the Stratford Public Library? ___ Yes ___ No

I accept responsibility for all library materials borrowed with this card and will observe the rules of the library.

Signature _____ **Date** _____

REQUIRED FOR CHILDREN UP TO GRADE 7 OR AGE 12

As a parent/guardian of this child, I understand that children have access to all library materials, including adult and A/V materials and I accept responsibility for my child's selection, use and return of all materials.

Signature _____

LIBRARY STAFF WILL ENTER

Patron Barcode _____

Borrower Types (B Types)

cnib CNIB - STR
 cnibps CNIB Perth South-STR
 c Corporate Member
 ctY City Employee
 dep Deposit
 ed Educational Facility
 ep Exchange Participant
 f Festival staff
 h Homebound
 int Public Internet (SPL)
 l Library Staff/Board
 lit Literacy Tutor
 nr Non-resident
 nrhc Huron County
 nrox Oxford County
 nrps Perth South
 nrt Non-resident taxpayer
 nrwr Waterloo Region
 pe Perth East
 plp PLOW-PE
 pls PLOW-Stratford
 plw PLOW-SP
 r **Stratford Resident**
 ss Special Student
 stm St. Marys
 ty Transitional
 v Visitor
 wp West Perth

Identification

Driver's Licence
 Student ID
 Tax or Rent Receipt
 Personalized Cheque
 Other (specify) _____

Database Check
 _____ Staff Initials