

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

**Last Name** \_\_\_\_\_

**First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

**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 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 No.
<b>Borrower Types (B Types)</b>
<input type="checkbox"/> c Corporate Member
<input type="checkbox"/> cty City Employee
<input type="checkbox"/> dep Deposit
<input type="checkbox"/> ed Educational Facility
<input type="checkbox"/> ep Exchange Participant
<input type="checkbox"/> f Festival staff
<input type="checkbox"/> h Homebound
<input type="checkbox"/> l Library Staff/Board
<input type="checkbox"/> lit Literacy Tutor
<input type="checkbox"/> nr Non-resident
<input type="checkbox"/> nrhc Huron County
<input type="checkbox"/> nrox Oxford County
<input type="checkbox"/> nrps Perth South
<input type="checkbox"/> nrt Non-resident taxpayer
<input type="checkbox"/> nrwr Waterloo Region
<input type="checkbox"/> pe Perth East
<input type="checkbox"/> plp PLOW-PE
<input type="checkbox"/> pls PLOW-Stratford
<input type="checkbox"/> plw PLOW-SP
<input type="checkbox"/> <b>r Stratford Resident</b>
<input type="checkbox"/> ss Special Student
<input type="checkbox"/> stm St. Marys
<input type="checkbox"/> v Visitor
<input type="checkbox"/> wp West Perth
<b>Identification</b>
<input type="checkbox"/> Driver's Licence
<input type="checkbox"/> Student ID
<input type="checkbox"/> Tax or Rent Receipt
<input type="checkbox"/> Personalized Cheque
<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Database Check
_____ Staff Initials