

WILMINGTON MEMORIAL LIBRARY
Library Card Registration Form

Print Name (First, MI, Last) _____ DOB _____

Street _____ PO Box, Apt. # _____

Town _____ State _____ Zip _____

Area Code/Phone # _____ Email _____

If you prefer to receive text notification for items on reserve, please fill out the information below otherwise notification will be by email.

Cell Phone # (text) _____
Example: 9786581234

Please check if you **do not** wish to receive the library's email newsletter. (Easy to unsubscribe) _____

Parent/Legal Guardian Signature (child under 14) _____
By signing here, I give permission for the above mentioned child to receive a Wilmington Memorial Library card and agree to the terms stated on it. I understand that it is my responsibility to monitor my child's use of the library.

LIBRARY USE ONLY

Library card #: _____ **Staff Member's Initials:** _____