



**MOUNTAIN REGIONAL  
LIBRARY SYSTEM**  
PINES Library Card Application



(for staff use only)

PATRON ID # 21035 \_\_\_\_\_ LIBRARY: MRLS- \_\_\_\_\_ PROFILE: \_\_\_\_\_  
Group leader name \_\_\_\_\_ card # \_\_\_\_\_

PLEASE PRINT. This information will be used for library purposes only; it is protected by state and federal privacy laws.

**NAME:**

Last Name, First, Middle \_\_\_\_\_

**IDENTIFICATION:** At least one IDENTIFICATION NUMBER is required. For minor children, use parent's/guardian's ID number

Drivers license state and # \_\_\_\_\_ SSN \_\_\_\_\_

STATE ISSUED id \_\_\_\_\_ Other ID type and # \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female Date of Birth (MM/DD/YYYY) \_\_\_\_\_

**LOCAL ADDRESS & PHONE**

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work/other \_\_\_\_\_

911 Street Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ Inside City Limits? \_\_\_\_ Y \_\_\_\_ N

State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

E-Mail (used for holds and other library notices only) \_\_\_\_\_

Work Phone (if applicable) \_\_\_\_\_

**OTHER ADDRESS & PHONE:** If you are a part-time Georgia resident, please provide your other address information.

Home Phone \_\_\_\_\_

911 Street Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Are you a student? \_\_\_\_ Y \_\_\_\_ N; If yes, what School? \_\_\_\_\_

As a Georgia Motor Voter site, we must ask if you would like to register to vote. \_\_\_\_ Y \_\_\_\_ N.

Already registered \_\_\_\_ Not eligible to vote \_\_\_\_ Will take form with me \_\_\_\_

**PROXY—Optional**

I authorize (name) \_\_\_\_\_ with library card # \_\_\_\_\_

to act as my proxy for check out, renewal, and placing or picking up holds.

**ADULTS**

**Responsibility:** I accept responsibility for all library materials borrowed on this card or used by me and for fines incurred due to overdue or damaged items and fees for copies, printing or other library services used. I will report a change of address or a lost or stolen card immediately.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MINORS — For children under 18, a parent's signature and work phone are required.**

**Permission to use internet:** My child/ward listed above has my permission to use the Internet on library computers without my supervision \_\_\_\_ YES \_\_\_\_ NO

**Responsibility:** I accept responsibility for all library materials borrowed on this card or used by my child/ward and for fines incurred due to overdue or damaged items and fees for copies or printing done by my child/ward. I will report a change of addressee or lost or stolen card immediately.

Parent's/Legal Guardian's Name \_\_\_\_\_

Parent's/Legal Guardian's Signature \_\_\_\_\_

Relationship, if other than parent \_\_\_\_\_

Work/Day Phone \_\_\_\_\_ Date \_\_\_\_\_

Become a Friend of the Library. Information is available at the Circulation Desk.

Last Name, First, Middle \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Staff Initials \_\_\_\_\_

(Staff Use Only)