

# NEWPORT BEACH PUBLIC LIBRARY

## Customer Registration

Please Print Clearly

DRIVER'S LICENSE # \_\_\_\_\_

NAME: \_\_\_\_\_

LAST

FIRST

MIDDLE

MAILING ADDRESS: \_\_\_\_\_

HOUSE/P.O. #

STREET

CITY

STATE zip

E-MAIL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Would you like to be notified about Foundation Programs and other special events?  YES  NO

I assume complete financial responsibility for all library materials borrowed. Lost card should be reported immediately.



CARD HOLDER SIGNATURE: \_\_\_\_\_

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For Staff Use Only

GENDER                      DECADE                      CIRCLE PTYPE                      A                      J                      C                      NR                      T                      INITIAL

DIRECT LOAN CODE                      BARCODE #                      DATE