## Patron Registration

Please Print Clearly					DRIVER'S LICENSE #					
NAME:										
	LAST	FIRST				MIDDLE	E			
MAILING ADDRES	SS:									
	HOUSE/P.O. #	STREET	Г			CITY		state zip		
EMAIL ADDRESS:						PHOI	NE:			
DATE OF BIRTH:						<b>GENDER:</b> □ MALE □ FEMALE □ DECLINE TO STATE				
·	o receive notification	,								
,	o receive notification			_			special events	by email? 🗖 YES	□ NO	
Would you like to save your checkout history in your account?					☐ YES	ES NO				
I assume complet	e financial responsibili	ty for all li	brary ma	terials bo	rrowed. L	ost card s	should be repo	orted immediately.		
CARD HOLDER S	SIGNATURE:									
For Staff Use (	Only									
	CIRCLE PTYPE	А	J	С	NR	Т	INITIAL		NEWPORT BEACH	
	barcode #						DATE		PUBLIC LIBRARY	