

Thomas County Public Library

PINES Library Card Registration

This information will be used for library purpose only and is considered confidential as specified by Georgia Code 24-9-46.

Name: _____
First Middle Last

Date of Birth: _____
Month/Day/Year

Primary Identification Type: Driver's License State ID Other: _____

Primary Identification Number: _____
State/issuing Authority Number Relationship (to minor)

**If under 18 years of age, PINES policy requires parent/guardian identification.*

Contact Information:

Email Address: _____

Would you like to go paperless and receive your check-out receipts via email? YES NO

Primary Phone Number: (_____) _____

Other Phone Number: (_____) _____

Physical Address: _____
Street Number and Name Apt. Number

City State Zip Code

Mailing Address: _____
(If different from above) Street Number and Name Apt. Number

City State Zip Code

I would like to have access to the public use computers and wireless internet (12 years and older): YES NO
**If under the age of 12 years, a parent or guardian must be present to utilize public use computers.*

I would like to register to vote today: YES NO ALREADY REGISTERED NOT ELEGIBLE

I would like to receive email notifications of upcoming library programs and events: YES NO
**The Library will not sell nor give away your email address for any reason.*

Email address: _____

<ul style="list-style-type: none">I apply for the right to use the Library, agree to comply with all its rules and regulations, and give immediate notice of any change of address.I accept financial responsibility for all fines and/or damages to all Library materials, audiovisual materials and equipment beyond normal wear and tear, which is lost or damaged beyond use while checked out on my card. Under Georgia Code (OCGA Annotated Rev. 1985 20-5-53), failure to return items borrowed from a public library is a misdemeanor.If this card is for a juvenile: As the parent or guardian of a child under 18 years, I am willing to allow him/her to borrow materials from the Public Library. I will take responsibility and make good any charges or loss to library materials and pay any fine justly charged. <p>Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>
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For Internal Use Only

Library Card Number

Staff Initials

Date