

LIBRARY USE ONLY			Staff initials:	Barcode:	
Application Date:					
Expiration Date: 1 year		3 years		Exact date: _____	
Patron Code:				<input type="checkbox"/> New <input type="checkbox"/> Rereg <input type="checkbox"/> Other: _____	
Stat Code: DUL ALS TEMP COMPACT		Other _____		<input type="checkbox"/> Main <input type="checkbox"/> MTR <input type="checkbox"/> WES	
				<input type="checkbox"/> Associated	
Last Name:			Home Phone:		Cell Phone:
First Name:			Email:		
Middle Name:			Password/PIN: (4-16 numbers and/or case sensitive letters)		
Street:			Birth Date: (month/day/year)		
City:	State:	Zip Code:	How would you like to be notified?		Cell phone Carrier:
			<input type="checkbox"/> Phone OR <input type="checkbox"/> Email // <input type="checkbox"/> add Text		(for text)
County:			Would you like to receive eReceipts for checkout?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No / if Yes - Type: <input type="checkbox"/> Text or <input type="checkbox"/> Email		
Township: (if out of city limits)			Do you want to maintain a reading history: a list of up to 500 items checked out in past 3 years?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
By signing this, I understand that it is unlawful not to return materials and I will be held fully responsible for all materials checked out on this card. Parents, not library staff, are responsible for the selections of minors. The library will be scanning or entering your ID number for positive identification purposes.			Alternate/Permanent Address: (if different)		
Signature:			Signature of parent or guardian:		
			(for applicants under 14 years old)		

Please bring your picture ID and proof of your current address to the Duluth Public Library to complete your registration and to pick up your card.