



CUSTOMER REGISTRATION FORM

Applicants 16 and older must present photo ID and proof of current mailing address.
Additional fee for out-of-state residents.

Please Print Name (complete legal):

First _____ Middle _____

Last _____ JR / SR _____

Password _____ Password may be up to 16 alphanumeric characters

Gender: Male Female Date of Birth _____ / _____ / _____
month day year

Mailing Address:

Street _____

City _____ State _____ Zip Code _____

Primary Phone _____ Secondary Phone _____

Street Address: (if different from Mailing Address):

Street _____

City _____ State _____ Zip Code _____

Preferred Contact? (You may choose more than one) Check if you would like to receive e-receipts

Text _____
If you select this option, you may receive a text message for each item.
Mobile Service Provider _____

Email Address _____

Contact phone _____

Please Read Carefully:
By signing this form, I agree to comply with the rules and regulations of the Charles County Public Library. I accept responsibility for all fines incurred for overdue, lost or damaged materials borrowed on this card.

Signature _____ Date _____

Print name of parent/legal guardian of child under 16 _____
Last name First name

A parent or legal guardian must accompany and sign for applicants under the age of sixteen.

FOR STAFF USE ONLY

DL or State ID _____

MIL ID or Other _____

New
 Update
 Out of State

Staff _____
Date _____

Card # _____ Lost Card # _____