NEWPORT PUBLIC LIBRARY
35 NW Nye Street
Newport, OR 97365
Phone: 541-265-2153

OFFICE USE ONLY

Patron # _____

Location _____

Patron type _____

Date fee paid _____

#, fee sponsor _____

APPLICATION FOR LIBRARY CARD

Welcome to the Newport Public Library. Thank you for providing the information below so that we can better serve you.

ADULT **My initials indicate the following:**

____ I will notify the library of address and phone number changes.
____ I will return or renew borrowed items by their due dates.
____ I understand I will be billed for any unreturned items on my account.

PRINT FULL NAME: _____
First Middle Initial Last

TELEPHONE: _____

MAILING ADDRESS: _____
Street or P.O. Number

_____
City State Zip

STREET ADDRESS (if different): _____

E-MAIL ADDRESS (optional): _____

BIRTH DATE (month/day/year): _____

ADDITIONAL CONTACT

Thank you for providing the name and phone number of a relative or friend **not living with you** who will know how to contact you if we do not have the correct phone number or address for you.

NAME: _____

MAILING ADDRESS: _____
Street or P.O. Number

_____
City State Zip

TELEPHONE: _____

RELATION TO PATRON: _____

NOTICE: There is no charge for this card, but if it is lost, a replacement costs $1.00.

Date of application _____
Staff initials _____