



# OZARK REGIONAL LIBRARY

## ADULT REGISTRATION FORM

FIRST NAME

MIDDLE NAME

LAST NAME

DATE OF BIRTH

E-MAIL ADDRESS

DAYTIME PHONE

CELL PHONE

WIRELESS CARRIER

MAILING ADDRESS

STREET

CITY

ZIP CODE

COUNTY

PHYSICAL ADDRESS (IF MAILING ADDRESS IS A P.O. BOX)

STREET

CITY

ZIP CODE

COUNTY

**I agree to adhere to all principles and procedures of the Ozark Regional Library. I understand that I may lose privileges and/or be held financially responsible if I do not follow Ozark Regional Library's guidelines.**

SIGNATURE

DATE

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### STAFF USE ONLY

PATRON SEARCH \_\_\_\_\_ POLICIES OFFERED \_\_\_\_\_ NON-RESIDENT FEE \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

MMS 05/23/23