

North Conway Public Library

A privately endowed library free and open to the public



Founded in 1887

Adult Registration Form: NEW Patrons

For Residents of: North Conway, Conway, Center Conway, South Conway, Kearsarge, Redstone, Intervale, Glen, Bartlett, Jackson, Hale's Location, Hart's Location, Chatham, Albany, Eaton, Madison.

Name (in CAPS): _____

Please Print Clearly - in CAPITAL BLOCK LETTERS (!) *All information will be treated as confidential*

Last name _____ First _____ I go by _____

Date of Birth (month/day/year) ____ / ____ / ____ Middle Initial _____ Ms. Mrs. Mr. Dr.

Mailing Address: _____

City _____ State _____ Zip _____

Local Physical Address: _____

City _____ State _____ Zip _____

Phone #1 _____ - _____ - _____ Home Cell Work Phone #2 _____ - _____ - _____ Home Cell Work

Email address (please fill out!): _____

Full-time Resident Part-time Resident Working in No. Conway: Employer: _____

Preferred Contact for Reserves: Email Text message Phone #1



I wish to receive a Library **e-mail newsletter** (events, closings, etc.): Yes No

I am interested in becoming a "**Friend of the Library**" to help occasionally with projects & fundraisers: Yes

By signing this form, I agree to follow all library policies & rules, to accept the responsibility to return all items borrowed on my card in good condition and on time, and to pay for any charges for overdue fines, damages or losses or book drop charges for AV-materials. Damages include, but are not limited to, water damage, stains, pet bites, tears, rips, etc. In case of damage, I understand that I need to pay a replacement fee. I am aware that I need to notify the library immediately if I received a damaged item - otherwise it is assumed that I caused the damage and I will be held responsible.

I am giving consent to the library and authorize the use, for any purpose whatsoever, of photographs taken of me at the library or at library events.

I received the brochure "General Information for Patrons" (yellow trifold).



Like us!
"North Conway Library"
"Bike4BooksNH"

Signature _____ Date _____

Filled out by STAFF:

1) Proof of **ID**: License # _____ State: _____ First Name _____

2a) Proof of **MWV Residency**: Local address on license Other: _____

2b) If no resident but works in No. Conway: Proof of Employment: _____

Handed out yellow & blue trifold

AA: _____

Volunteer Name: _____ Staff Supervisor: _____