

Public Library of Brookline
Minuteman Registration Application - **please print**

Barcode # _____	ID Checked <input type="checkbox"/>	Date _____	Staff Initials _____
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NAME _____ / _____ / _____
(First) (Middle) (Last)

DATE OF BIRTH _____ IN CARE OF (parent or guardian) _____

OTHER AUTHORIZED USERS (allowed to access your account) _____

LOCAL MAILING ADDRESS

STREET _____ P.O. BOX _____ APT _____

TOWN/CITY _____ STATE _____ ZIP _____

HOME PHONE _____ OTHER PHONE _____

PERMANENT ADDRESS (If different from above)

STREET _____ P.O. BOX _____ APT _____

TOWN/CITY _____ STATE _____ ZIP _____

COUNTRY _____ HOME PHONE _____

EMAIL ADDRESS – Receive notification of items on hold and overdue. Ask for a password to access your online account.

Check this box to receive weekly updates about library events and new collections

SIGNATURE _____

PARENT/GUARDIAN SIGNATURE (if applicable) _____

By signing above I acknowledge responsibility for all library materials borrowed by the above-named person