Staff Use Only | B Type: | Staff Initials: | Today's Date: | Verified by:

AMES PUBLIC LIBRARY

FAMILY ACCOUNT REGISTRATION

A responsible adult:
- must be at least eighteen (18) years of age.
- must provide photo ID and verification of current Iowa address when registering for an account.
- will list additional family members to be included on the family account.
- will ensure all items checked out on the account are returned in good condition.
- will pay all fines and fees on the account. Library privileges will be suspended when the family account has $20 due.

Please print using block capital letters

Name (Last) (First) (Middle or Initial)

Are you a college student? Yes / No

Select a PIN/Personal Identification Number

Birth Date: MO-DY-YR

(Area Code) Primary Telephone Number

(Area Code) Work Telephone Number

(Area Code) Cellular Telephone Number

(Area Code) Alternate Telephone Number

Gender (M or F)

Local Address (APT. #)

City State Zip Code Courtesy Reminder

E-mail Address *(Your e-mail address will not be shared with any other agencies.)*

Alternate Street Address (required for all college students) (APT. #)

City State Zip Code

NOTE: On the back of this form, please list the additional family members you wish to share this account.

continued on back

- I understand that I am responsible for all use made of my library account with or without my consent. Parents are responsible for their children's choice of material, including use of the Internet.
- I will be responsible for all materials borrowed on this account. If this family account reaches a balance of $25 or more, it may be sent to a collection agency.
- I will notify the Library if any card associated with this account is lost or stolen.
- I will notify the Library if my account information changes.
- I understand that this account will expire annually. To renew it, I will update my information and pay the balance due.

Signature: _____

Staff Use Only 06-09 | **Barcode #** | **Stat Classes** 1 FAM 2 City 3 Bkm

Please list the additional family members you wish to share this account:

Staff Use Only

Name (Last) (First) (Middle Initial) **Card Number**

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