Library Card Registration



1. Personal Information				
Name:				
Address: Postal code:				
City:	Province:			
Date of birth (day / month / year):				
Phone:	O Home	O Work	O	Cell
Email address:				
2. Notifications				
would like to receive notifications via: O Phone O Email By selecting email or text/SMS notifications, I consent to receiving electronic communi Museums and Archives in the form of automated notifications regarding holds and ove hese notifications at any time. By selecting text/SMS notifications, I acknowledge I am subject to my carrier's text me	cations from Clari rdues. I understar	ngton Public Lib		om
3. eNewsletter				
Yes, please sign me up for Clarington Public Library, Museums by checking this box, I consent to receiving electronic communications from Clarington the form of an eNewsletter with information on Library and Museum programs and se his list at any time.	n Public Library, N	Museums and A	rchives	
4. Declarations				
Children have access to all printed materials, including adult materials. children' choice of Library materials and use of the Internet rests with pa			oring (of
By signing this form, I agree that I am responsible for materials borroust/stolen card or any change in address immediately. I will adhere Policy, available online at https://www.cplma.ca.				t
5. Signature				
Signature of cardholder/guardian:				

6. Questions?

Personal information on this form is collected under the authority of Public Libraries Act, R.S.O. 1990 Chapter P44, and will be used to lend library materials and to provide other library services.

Questions may be directed to Administration, Clarington Public Library, Museums and Archives.