THE NEWARK PUBLIC LIBRARY Borrower Registration Form

E-mail Address

Name ____________________________ (Last) ____________________________ (First) ____________________________ (Middle)

Street ____________________________ Apt. # ____________________________

City ____________________________ State ___________ Zip Code ___________

Home Telephone ________________

Name of Parent or Guardian (if under 14) ____________________________

Please indicate if you are: A resident of another city or town who:

- A preschool child
- A student in grades 1-7
- A student in grades 8-12
- A college or university student

- works in Newark
- goes to school in Newark
- owns property in Newark
- has paid a fee for the Newark Public Library borrower’s card
- a member of The Newark Public Library staff