

For Adults



Greenwood Public Library

Greenwood Public Library Patron Registration Form

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Notifications: *e-mail* *or* *phone*

e-mail: _____

Home Phone: _____ **Work Phone:** _____

Indiana Drivers License Number: _____

or

Indiana State ID Number _____

Birthdate: _____

I accept responsibility for my Greenwood Public Library Card:

X _____ **Date:** _____

For Staff Use Only:

PLAC # _____ **PLAC Issuing Library** _____

Patron Barcode:

For Adults



Greenwood Public Library

Greenwood Public Library Patron Registration Form

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Notifications: *e-mail* *or* *phone*

e-mail: _____

Home Phone: _____ **Work Phone:** _____

Indiana Drivers License Number: _____

or

Indiana State ID Number _____

Birthdate: _____

I accept responsibility for my Greenwood Public Library Card:

X _____ **Date:** _____

For Staff Use Only:

PLAC # _____ **PLAC Issuing Library** _____

Patron Barcode:
