



Library Card Registration
(Please Print)

Last Name

First Name

MI

Current Mailing Address

P.O Box

City

State

Zip Code

Address 2

Home Phone Number

Work or Cell Phone Number

Date of Birth

E-Mail Address

Please report change of name, address, or e-mail address immediately. The Cecil County Public Library is not responsible for sending overdue notices. A fee may be charged for card replacement.

I accept responsibility for all use made of this card.

Signature

Date

Parent/Guardian Signature (if cardholder is under 14 yrs. old)

Date