North Conway Public Library

A privately endowed library free and open to the public



Founded in 1887

Adult Patrons (Residents) – ***Update***

All information will be treated as confidential

Please Print Clearly: in CAPITAL BLOCK LETTERS (!) ***Library Card #:*** _____

Last name _____ First _____ I go by _____

Date of Birth (month/day/year) _____ / _____ /_____ Middle Initial _____ ❑ Ms. ❑ Mrs. ❑ Mr. ❑ Dr.

Mailing Address: P.O. Box or Street _____

City _____ State _____ Zip _____

Local Physical Address: ❑ same; or: ❑ Street/Apt.# _____

City _____ State _____ Zip _____

Alternate Address: P.O. Box # _____ ; Street/Apt.# _____

City _____ State _____ Zip _____

Phone #1 _____- _____-_____ ❑ Home ❑ Cell ❑ Work Phone #2 _____- _____-_____ ❑ Home ❑ Cell ❑ Work

Email address (please fill out!) : _____

I would like to receive an *occasional* **e-mail newsletter** from the library (events etc.): ❑ Yes ❑ No ❑ I already do

I wish to get an **access number** for **downloadable audio books** and **e-books**: ❑ Yes ❑ No ❑ I already use it

I am interested in becoming a "**Friend of the Library**" to **help occasionally** with **projects & fundraisers**: ❑ Yes

Name (in CAPS): _____

By signing this form, I agree to follow all library policies & rules, to accept the responsibility to return all items borrowed on my card in good condition and on time, and to pay for any charges for overdue fines, damages or losses or book drop charges for AV-materials. Damages include, but are not limited to, water damage, stains, pet bites, tears, rips, etc. In case of damage, I understand that I need to pay a replacement fee. ***I am aware that I need to notify the library immediately if I received a damaged item - otherwise it is assumed that I caused the damage and will be held responsible****.*

I am giving consent to the library and authorize the use, for any purpose whatsoever, of photographs taken of me at the library or at library events.

*I received the "**General Information for New Patrons**" (yellow trifold).*

*I confirm I am still a **local resident** and/or tax-payer.*





Like us!
"North Conway Library"
"Bike4BooksNH"

Signature _____ Date _____

Staff: ***Please fill out !!***

❑ Handed out information trifold

❑ Handed out info *card & number* for "*NH Downloadable Books*" (if requested)

❑ Checked overdues

Ann. App.: ❑ Yes ❑ No ❑ Maybe

Volunteer name: _____ Staff supervisor initial: _____

Dec. 2015