East Central Regional Library Reciprocal Borrower Registration Form

Reciprocal borrowers requesting service from the Library will be asked for a current library card from an affiliated Minnesota public library and to provide all the information requested below.

PLEASE COMPLETE ENTIRE FORM AND PRINT INFORMATION CLEARLY!

Name _____
First **Middle Initial** **Last**

Mailing Address _____

If P. O. Address, please list street address also _____

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

*****If you wish to receive overdue/hold notices via email please PRINT CLEARLY!!***

Current email address: _____

I would also like to receive information about library programs & services via email ____Yes ____No
(We will not distribute or disclose your email address to any third party!)

Phone Numbers: Home ( ) _____ - _____ Work/Cell ( ) _____ - _____

Date of Birth: _____ _____ _____ *(for statistical purposes only)*
Month **Day** **Year**

ECRL Policy Statement
By signing this agreement and your card, you are agreeing to abide by the operating rules of the Library, to return all materials promptly when due, and to pay all outstanding fees and overdue fines.

Signature _____ **Date** _____

LIBRARY USE ONLY **ISSUING BR:** _____

Barcode # 2 ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Name of MN Regional Library System _____

MN County Reciprocal Borrower Lives In _____

Staff Initials _____

*Confidential information will **NOT** be shared with any other agency!* 2/10