Library Card Registration Form
PUBLIC (FNSB Patrons)
(Please PRINT, Fill Out completely)

Name:
Last: _________________________ First: ____________________ Middle: _____________

Home Mailing Address:
Street or P.O. Box: ____________________________________________
City: ____________________________________________State: ______________
Zip Code: ____________________
Home Phone #: ____________________

Permanent Address (if different than address above):
Street or P.O. Box: ____________________________________________
City: ____________________________________________State: ______________
Zip Code: ____________________
Phone #: ____________________

E-Mail Address: ____________________

Alternate ID #:
A.) Alaska Driver’s License: ______________________________
   or Alaska State ID Card #: _________________________

For Staff Use:

Accepted by:
  Initials: __________
  Date: ____________

Patron ID (Place Barcode Here)

  Entered:
  Initials: __________
  Date: ____________

Patron Type: ____PUBLIC

  Verified:
  Expiration Date: ____________
  Initials: ________

Notes: __________________________________________________________________________

Notes: __________________________________________________________________________