



TRAVERSE DES SIOUX LIBRARY COOPERATIVE
 LIBRARY CARD REGISTRATION FORM
Saint Peter Public Library
601 South Washington Avenue
Saint Peter, MN 56082

All information on this form is private data and may not be disclosed for other than library purposes except pursuant to a court order. Minnesota Statutes, Section 13.40, Subdivision 2.

Date of Birth _____ / _____ / _____

Last Name _____

First Name _____ Middle Initial _____

Local Address: Street/Box # /Apt _____

Must provide Proof of Address & ID City _____ County _____

State _____ Township _____
(Only if living outside city limits)

Zip Code _____

Telephone Number _____ - _____ - _____

E-mail Address _____

Work/Permanent/Guardian Address _____

Work/Permanent/Guardian Telephone number _____

Send all notices to (check one):
 regular mail
 e-mail

I promise to comply with all library rules, to promptly pay fines or damages charged to me, and to give immediate notice of change in my address.

 Signature of applicant

 Signature of parent or guardian if under 18 years of age

LIBRARY USE ONLY	
206 _____ - _____ - _____	
Date Card Issued _____	Staff Initials _____