

LIBRARY CARD REGISTRATION

(Please Print)

Name: Last _____ First _____ Middle _____ Suffix _____

Library Card PIN (4 Digits) _____ Date of Birth _____

P.O. Box _____ Current Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____

E-mail Address _____

☐ Yes, I want to subscribe to the Library LINK e-newsletter.

☐ I authorize the following person(s) to pick up my holds *(optional)*:

Please print name(s)

I would like to receive hold notifications by: ☐ Phone Call ☐ E-mail ☐ Text
(Please select one)

I would like to receive a: ☐ Print receipt ☐ E-mail receipt ☐ Both

Please report any changes to the information above so that we can keep your account updated.
Please note that the Cecil County Public Library is not responsible for sending overdue notices and
that a fee may be charged for replacements. I accept responsibility for all use made of this card.

Signature _____ Date _____

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



Follow us:  

FOR INTERNAL USE ONLY

Staff Initials _____ Date _____