PCL PATRON REGISTRATION FORM

Please print except where noted! Thank you!		u!	Today's Date		
I,	st Name	Last Name		, hereby agree to the	
	St Pullic	Lust I vanie			
	To obey the policies and procedures of To return all borrowed materials by their To be financially responsible for any da	ir due date, and		rials.	
Address _	Street				
	City	Zip Code			
PHONE #		_ Email _			
I would like	email notification of: Adult programs _	Children's pr	ograms	Overdue materials	
	AL: For Library Use Only: OF BIRTH				
	's License is from: New Mexico				
	OTHER STATE (NAME):	LICENSE NR:			
SIGNATURE	(Please write)				
	(Please write)				
>>>>	>>>>>>>>>	·	· > > > >	>>>>>>	
	PCL Inte	rnet Use Agreer	ment		
rules and pro	ved and read the <i>Placitas Community Lib</i> ocedures for use of the PCL Public Acces y part may result in termination of my ses	ss Computers and the	e Internet. I ur	nderstand that any misuse or	
SIGNATURE	(Please write)				

If you are under the age of 18, your parent or guardian must fill out the back side of this sheet!

For a child under the age of 18, this section is to be filled out by parent or guardian:

Name of Child'S School _____