

WEST DEPTFORD FREE PUBLIC LIBRARY REGISTRATION FORM

PLEASE PRINT:

First Name (No Nicknames) Middle Initial Last Name

Mailing Address

City State Zip Code

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Home Phone Work Phone

E-Mail Address

Township in which you reside or pay taxes _____ County _____

AGE CATEGORY: (please check one)

___ 3 – 12 years (Child) ___ 18 – 59 years (Adult) ___ 13 – 17 years (Young Adult) ___
___ 60+ years (Senior)

___ Male ___ Female Birth Date _____

LIBRARY USE ONLY:

BARCODE#

Checked ID _____

Date _____

PROFILE NAME

RESIDENTS

(WDEPTFEX) Staff, Trustee, Volunteer
(WDEPTPAT) Adult Resident
(WDEPTJUV) Child Resident

NON-RESIDENTS

(WDEPTTEMP) Works in Twp.
(WDEPTFREES) Senior Citizens
(WDEPTPROP) Property Owner
(WDEPNRADUL) Individual Adult Non-Res.
(WDEPNRCHIL) Individual Child Non-Res.
(WDEPNRAFAM) Adult, Non Res. Family
(WDEPNRCFAM) Child, Non Res. Family