

WELCOME TO THE FAIRFIELD PUBLIC LIBRARY



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		Staff Initials Expiration	REGISTRATION	Staff Initials _ Expiration	
Name			Name		
Last	First	Mi	Last	First	Mi
Street			Street		
Town & Zip			Town & Zip		
Birthday/	_		Birthday/		
Telephone ()			Telephone ()		
Cell Phone ()			Cell Phone ()		
E-Mail			E-Mail	@	
Parent's Name (If Child)			Parent's Name (If Child)		
Secondary Address			Secondary Address		
(Guest Patrons)			(Guest Patrons)		
I Agree To Be Fully Responsible For All Materials Checked Out On My Library Card.			I Agree To Be Fully Responsible For All Materials Checked Out On My Library Card.		
Signature			Signature		
Fairfield Residents: Do You Want To Register To Vote At This Time? YN			Fairfield Residents: Do You Want To Register To Vote At This Time? YN		
	Notified By Text Messa YN	ge For Reminders, Holds, And	Would You Like To Be Notified By Text Message For Reminders, Holds, And Overdue Items? YN		