Date	Card #								
Staff Initials		_							
		Adult	Pat	ron Registrati	ion				
		**	(16 y	ears and older) **					
	Huntingt	on Memorial L	Library	/ - 62 Chestnut St. C	Oneonta, NY	13820			
All Patrons:									
Name:	First		M.I.		Last	Suffix			
Local Address:				Street					
				Succi		Apt # / Box#			
City			State		County	Zip			
Home phone: _	/		_	Cell phone: _	/				
Email Addres	s:								
Notification pr	eference:	Email	Text						
Birth date:			Oneo	nta Residents:City	yTown _	Everyone Else			
Category:	AD	YA (16-17)		College Student	Tempora	ry (State reason below)			
	Part-Time	e Resident							
Non-Permane	nt Resident	s:							
Permanent Ado	dress:								

Street

Apt # / Box #

Phone: _____/____ City State Zip

School (if stude	nt):	 	
Student ID #:		 	 -