

Date _____

Card # _____

Staff Initials _____

Organization Card Registration

Huntington Memorial Library - 62 Chestnut St. Oneonta, NY 13820

Name of Organization: _____

Responsible

Party: _____

First

M.I.

Last

Suffix

Address: _____
Street Apt # / Box# / Care of

City State County Zip

Home phone: ____ / ____ Cell phone: ____ / ____

Email Address: _____

Notification preference: Email Text

Birth date: _____ Oneonta Residents: ____ City ____ Town ____ Everyone Else

Category: ORGANIZTN

Name of Organization's Director: _____

Organization Address: _____
Street Apt # / Box#

City State County Zip

Business phone: ____ / ____ Email Address: _____

Both sides must be completed, and a copy of the back must be provided to patron.



62 Chestnut St. Oneonta, NY 13820
(607) 432-1980

Library Organization Agreement

An organization may select a representative to borrow materials from the library for a group of individuals. The responsibility for all materials checked out with the library card will be held by the representative and library policies must be followed. All library cards are blocked from usage if there are fines of \$5.00 or more.

An agreement was made this day _____ between Huntington Memorial Library and

_____.

_____ agrees to pay for all materials that are lost, damaged, or overdue.

This agreement will expire in three years and may be renewed. Please notify the library of any change in the representative.

Print Name

Organization Representative Signature

Address

Phone No.

Staff Initials