





Knowledge, Information, Technology Card Registration

Name of School			
Last Name			
First Name	Middle Initial _		
Date of Birth/	year` Gender	M F (circle one)	
Phone Number			
Local/Mailing Address			
City/Province	Postal Code	Municipality _	
Would you like to receive all lik (Circle one) Yes	orary notices via email? (pre-ove No	rdue, hold notification, ov	verdue and billing)
Email Address	from e-mail notifications, cont	act your local library di	rectly
Huron and Perth counties.	l library materials borrowed wi		-
Huron County Librar (Keeps track of everyt I already have a librar My card number is There are fines to be	y card for the Huron and/or Perth	for the library to keep n this date forward. You can Public library systems.	an request to turn this off at any time
	REQUIRED FOR CHILDR	EN AGES 15 AND UND	ER
Parent/Guardian Name			
	child, I understand that children ot responsibility for my child's sel		/ materials, including adult, A/V and f all materials.
1— • •	sion for my child to have a librar	•	ecting this option, please indicate
Parent/Guardian Signature	9		

The information on this form is collected under the authority of the Ontario Public Libraries Act, RSO 1990, and will be kept confidential. Form information use will be limited to library activities, including notices (holds, overdues, billing), program information and fundraising initiatives. Membership information may be shared with other Huron and Perth County Information Network staff. Questions about the collection of this information should be directed to your local library.

Distribution: Ed Centre, Program Department