

Jackson Memorial Baptist Church
Church Media Library Patron Information Form

Last Name _____ First Name _____

Birthdate ____/____/____ Home Phone (____)____-____

E-Mail _____ Work Phone (____)____-____

Street Address _____ Cell Phone (____)____-____

City _____ State _____ ZIP _____

JMBC Church Member? YES ___ NO ___ Sunday School Member? YES ___ NO ___

If you answered NO to both questions above, list programs/activities in which you participate:

OTHERS RESIDING WITH ME ELIGIBLE TO USE THE LIBRARY

Please list children/household members over the age of 5 only if you desire them to checkout items. If you prefer to have items checked out only in your name, please leave blank.

Spouse First Name _____ Birthdate ____/____/____

E-Mail _____

Work Phone (____)____-____ Cell Phone (____)____-____

Children Name _____ Birthdate ____/____/____

Name _____ Birthdate ____/____/____

Name _____ Birthdate ____/____/____

Name _____ Birthdate ____/____/____

FOR LIBRARY USE ONLY

Patron ID _____

Date _____

Staff Initials _____