

Library card application



KORSHOLMS
BIBLIOTEK
MUSTASAAREN
KIRJASTO

First name	Surname		
Street			
Postal code	City		
Phone	E-mail address		
Date of birth or social security number	Language <input type="checkbox"/> swedish <input type="checkbox"/> finnish <input type="checkbox"/> english		Gender (optional) <input type="checkbox"/> female <input type="checkbox"/> male

I would like to get overdue notices by <input type="checkbox"/> e-mail or <input type="checkbox"/> mail
I would like to get pick up notices for reserved material by SMS <input type="checkbox"/> yes <input type="checkbox"/> no
if you choose no, the pick up notices will be sent by e-mail or mail

I agree to follow the library's rules.	
Date	Signature (legal guardian's for customers younger than 15 years)

Legal guardian (for customers younger than 15 years, day care centres, schools, or other institutions)	
First name	Surname
Address (if other than above)	
Date of birth or social security number	Phone
E-mail address (if other than above)	