THE NEWARK PUBLIC LIBRARY Borrower Registration Form			
E-mail Address			
Name(Last)	(First)	(Middle)	
Street		Apt. #	
City	State	Zip Code	
Home Telephone			
Name of Parent or Guardian (if under 14)			
Please indicate if you are:  ———————————————————————————————————	——— work ——— goes ——— owns ——— has p	of another city or town who: s in Newark to school in Newark s property in Newark paid a fee for the Newark Public Library prower's card ember of The Newark Public Library staff	