



Piedmont Regional Library System PINES Institutional Library Card Registration

*This information will be used for library purpose only
and is considered confidential as specified by Georgia Code 24-9-46.*

FORM MEANT FOR STAFF TO COMPLETE AND GIVE PATRON A COPY.

Institutions in Banks, Barrow, and Jackson counties are eligible to apply for a library card with the Piedmont Regional Library System. An institution is defined as: a school, preschool, daycare center, kindergarten, prison, retirement home, assisted living home, nursing home, hospital, and/or nonprofit organization. Other institutions will be considered on a case-by-case basis. The purpose of the card is to provide materials needed by institutions to fulfill their missions. This card is not intended for individual employee use; individuals are welcome to apply for their own library cards. If the purpose of the institutional card is abused, the library will terminate the library card. Institutional cards must be annually renewed. All institutional library cards issued by Piedmont Regional Library System will be kept in administrative offices.

Primary contact name & Today's date (put in DOB field)

Zip & Institution Name (put in address first line field)

Street (address line 2), City & County

Email Address is jbarnes@prlib.org

()
Phone Number(s) and email addresses

Other Approved Contact Names with email and phone:

Profile Overview

- Renew annually • Up to 50 checkouts at once
- Up to 50 holds at once

Questions? Call the Outreach
Department at 706-388-2060 ext. 5

Staff Use Only:

- | | | |
|--|---------|------------------------------------|
| <input type="checkbox"/> School | barcode | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Senior Facility | | <input type="checkbox"/> Other |
| <input type="checkbox"/> Youth Center | | |

The fiscal agent, owner, treasurer, or other individual duly authorized to accept financial responsibility for materials borrowed on this card must complete the information below. The institution must notify the library if the fiscal agent changes.

Name of Fiscal Agent or Other Responsible Individual: _____

Signature: _____ Date: _____