



Library card application

Choose

First name		Surname	
Date of birth or social security number	Language <input type="checkbox"/> Swedish <input type="checkbox"/> Finnish <input type="checkbox"/> English		Gender <i>(optional)</i> <input type="checkbox"/> female <input type="checkbox"/> male
Street			
Postal code		City	
Phonenumber		E-mail address	

I would like to get pick up notices for reserved material by

e-mail or sms

Overdue notices will be sent by e-mail.

I agree to follow the rules of the library, and I consent to my personal data being saved in the library database:

Date	Signature <i>(legal guardian's for customers younger than 15 years of age)</i>
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Legal guardian *(for customers younger than 15 years, day care centres, schools, or other institutions)*

First name	Surname
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Date of birth or social security number	Phonenumber
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Address *(if other than above)*

E-mail address *(if other than above)*