

SIGN UP AS A PATRON AT DRAMMENS BIBLIOTEKET



drammensbiblioteket

FIRST NAME	
LAST NAME	
ADDRESS	
ZIP CODE	
CITY	
DATE OF BIRTH	
PERSONAL ID NUMBER (5 LAST DIGITS)	
E-MAIL	
<i>(OPTIONAL) E-MAIL</i>	
<i>(OPTIONAL) E-MAIL</i>	
PHONE NUMBER:	

I WANT MESSAGES FROM DRAMMENS BIBLIOTEKET ON SMS (yes/no):

SIGNATURE	I confirm that the information given here is correct. I accept the lending rules and conditions.

THIS SECTION NEEDS TO BE FILLED OUT BY A PARENT OR LEGAL GUARDIAN FOR CHILDREN UNDER THE AGE OF 15:

Parent/guardian signature	I am familiar with the rules and conditions, and give permission to make a library card.
Parent/guardian full name	
Parent / Guardian personal ID number (11 digits)	
Parent/Guardian address	