

PLEASE PRINT

ADULT

JONATHAN BOURNE PUBLIC LIBRARY ADULT REGISTRATION FORM

Where do you vote? Town/City _____ State _____

Have you ever had a CLAMS Card? (Most Cape or Islands libraries) Yes _____ No _____

NAME (Last) _____ (First) _____ (MI) _____

LOCAL INFORMATION

MAILING ADDRESS Street _____ P.O. Box _____

Town/City _____ State _____ Zip _____

PHONE (_____) - _____

EMAIL _____

LEGAL RESIDENCE INFORMATION (Complete only if different from above.)

MAILING ADDRESS Street _____ P.O. Box _____

Town/City _____ State _____ Zip _____

PHONE (_____) - _____

BIRTHDATE (Month) _____ (Day) _____ (Year) _____

I apply for the right to use the Library, and agree to comply with all of its rules and regulations, and to give immediate notice of any change in the above information.

Signature

Date

.....
STAFF USE ONLY

IDENTIFYING DATA

Driver's License # _____ State _____

Military ID# _____

Other ID# _____ Issuing Agency _____

CLAMS CARD # 10113 _____ /10113 _____

Staff Initials _____

Date _____