

FORBUSH MEMORIAL LIBRARY

Patron Registration Application for C/W MARS Library Card

Staff only: New Barcode # \_\_\_\_\_ Staff initials \_\_\_\_\_ Date \_\_\_\_\_

Do you have a library card for any other library in Massachusetts? \_\_\_\_\_

Card to be issued to: Mr., Mrs., Ms., Dr., First Name (*print*) \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name (*print*) \_\_\_\_\_

Date of Birth: mm \_\_\_\_\_ dd \_\_\_\_\_ year \_\_\_\_\_ Juvenile (under 16)? \_\_\_\_\_

**Print** name of parent/guardian for child under age 16: \_\_\_\_\_

(This name will appear in the juvenile's record as responsible for bills.)

E mail address: \_\_\_\_\_

(Overdue reminders will be sent to this address.)

Primary phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Alternate phone #: \_\_\_\_\_

Please check one: Adult: \_\_\_\_\_ Juvenile: \_\_\_\_\_ Sr. Citizen: \_\_\_\_\_ Student: \_\_\_\_\_ Young Adult: \_\_\_\_\_

Permanent Address: Postal Code \_\_\_\_\_

Number & Street \_\_\_\_\_

P.O. Box, Apt, etc. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_

Alternate Address: Postal Code \_\_\_\_\_

Number & Street \_\_\_\_\_

P.O. Box, Apt, etc. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_