

Staff only: New Barcode # _____ Staff Initials _____ Date _____

Do you have a library card for any other library in Massachusetts? YES / NO

Card to be issued to (please print):

First Name _____ M. I. _____

Last Name _____

Preferred Name (if different from First Name) _____

Date of Birth (MM/DD/YYYY) _____ Juvenile (under 16)? YES / NO

Name of Parent/Guardian (for juvenile) _____

Contact Information:

Email _____

Primary phone # _____ Land Line / Mobile

Alternate phone # _____ Land Line / Mobile

Notification Preferences:

When you check items out, would you like the due date: printed out emailed

When we receive your Interlibrary Loan items, would you like to be notified by:

Email Phone Call Text Message
Mobile provider: _____

Permanent Address: Postal Code _____

Number & Street _____

Apartment # / P.O. Box / Etc. _____

City / Town _____ State _____

Alternate Address: Postal Code _____

Number & Street _____

Apartment # / P.O. Box / Etc. _____

City / Town _____ State _____

Signature: _____ Date _____