



REGISTRATION FORM

Have you ever been registered at another Cape Cod Library? Yes No (please circle one)

Please PRINT:

Name: last first middle

Legal Address: Street:

P. O. Box:

City/Town:

State: Zip:

Phone:

Local Address: Street: (if different from above)

P. O. Box:

City/Town:

State: Zip:

Phone:

Email Address: (for receiving reserve notices and overdue reminders)

If under 18 years of age:

Date of Birth: (Month) (Day) (Year)

Parents/Guardians:

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

Identifying data - For Library Use Only

Driver's License Number State Number

Military ID: MIL

Other ID:

CLAMS Card Number:

Temporary Borrower Fee Paid \$ Departure Date:

Staff initials

All Information Entered: (date)