

Application for Teen/Adult Library Card (13 years of age and up)

ALL INFORMATION ON THIS FORM WILL BE KEPT CONFIDENTIAL

	NAME		
.ast:	First:	Middl	e:
Age or Date of Birth (not requi	red):		
			Staff Use Only
CURRENT MAILING ADDRI	ESS (Proof of Massachusetts address is re	equired for borrowing materials.)	Bar Code Number
Number and Street:		Apt:	-
	(P.O. Addresses must include stree	et address)	-
City:		State: Patron Code:	
Zip code:	Telephone:	Cell: Yes / No	Adult
Your mobile carrier is required to ha	eve text messages sent.) Mobile Carrier:		Teen Homebound
`	_		
Is this a Home, Work or Sc	nool address?		Staff initial:
DIN (4 manushama amba)			
PIN (4 numbers only) (A <u>PIN i</u> s required to access our onla	ne services.)		
			Quick Entered Fully Entered
How do you want to receive	e library notices (Please circle all that app	(d): Phone / Email / Toyt	
•			
Would you like eReceipt no	tification? Yes / No (Please circle all	that apply): Email / Text	
Is this a Homebound card? (You must provide proof of address	Yes / No and fill out a designee form in addition to this fo.	rm.)	
Have you ever registered with another address? If yes, please provide:			

Signature:

Date:_