

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 \_\_\_\_\_

BIRTHDATE (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

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

MAILING ADDRESS Street \_\_\_\_\_ P.O. Box \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE (\_\_\_\_\_) - \_\_\_\_\_

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 \_\_\_\_\_