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 ___________________________