JONATHAN BOURNE PUBLIC LIBRARY
INSTITUTION CARD REGISTRATION FORM

TO BE COMPLETED BY APPLICANT:

NAME (Last)____________________ (First)_____________________ (MI)_________

MAILING ADDRESS   Street ______________________________ P.O. Box ________________
                     Town/City _________________________ State ___________ Zip__________

PHONE   (_____)-______________________

EMAIL    ___________________________________________________________________

PUBLIC LIBRARY CLAMS CARD BARCODE NO. _______________________________________

SCHOOL INFORMATION:

NAME OF SCHOOL _________________________________________________________________

DIRECTOR / ADMINISTRATOR _____________________________________ TITLE____________

MAILING ADDRESS   Street ______________________________ P.O. Box ________________
                     Town _________________________ State ___________ Zip______________

WORK PHONE NUMBER   (_____)-______________________

VERIFICATION OF TEACHER EMPLOYMENT: PLEASE ATTACH A LETTER ON SCHOOL
STATIONERY SIGNED BY THE SCHOOL PRINCIPAL / DIRECTOR.

I hereby apply for an Institution Card, and agree to use it for borrowing materials for use with
students in the classroom. I will use my Adult CLAMS card to borrow personal items. I understand
that this card expires on June 30 each year and must be renewed at the beginning of each school year.
I agree to notify the library if I am teaching in a different school or are no longer teaching.

______________________________________________________  ______________________
Signature of Applicant                                      Date

STAFF USE ONLY

CLAMS CARD #   10113______________________________________

Staff Initials ___________________________  Date____________________________