

PLEASE PRINT

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 _____