

PLEASE PRINT

ADULT

**JONATHAN BOURNE PUBLIC LIBRARY  
ADULT REGISTRATION FORM**

Have you ever had a CLAMS Card? (Most Cape or Island libraries) **Yes** \_\_\_ **No** \_\_\_

**NAME** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

**LOCAL INFORMATION**

**MAILING ADDRESS** Street \_\_\_\_\_ PO Box \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

**PHONE** (\_\_\_\_) - \_\_\_\_\_ **EMAIL** \_\_\_\_\_

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

**LEGAL RESIDENCE INFORMATION** (Complete only if different from above)

**MAILING ADDRESS** Street \_\_\_\_\_ PO Box \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

I would like to receive an email of upcoming events by subscribing to the library's monthly newsletter **Yes** \_\_\_ **No** \_\_\_. (You can revoke your consent to receive emails at any time by contacting the library)

**I apply for the right to use the Library, and agree to comply with all its rules and regulations, and to give immediate notice of any change in the above information.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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**STAFF USE ONLY**

**IDENTIFYING DATA**

Driver's License Y/N \_\_\_\_\_

State \_\_\_\_\_

Other Picture ID Y/N \_\_\_\_\_

Issuing Agency \_\_\_\_\_

CLAMS Card # 10113050 \_\_\_\_\_

Staff Initials \_\_\_\_\_

Date: \_\_\_\_\_