

Northborough Free Library – Adult Registration

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 of address.

Name (please include middle initial): _____

Date of Birth: _____

Daytime Phone: _____

Evening Phone: _____

Home Address: _____

City, State, Zip Code: _____

Mailing Address: _____

City, State, Zip Code: _____

E-mail address: _____

Please check : Male Female

We only send e-mails related to your library items. May we use yours? YES____ NO____

Would you like to receive the Northborough Library's newsletter by e-mail? YES____ NO ____

Staff Use Only

Card Number: _____ **Staff Initials:** _____ **Date:** _____

If Home Address isn't Northboro, choose **Default Hold Pickup Location:** _____