

**Uxbridge Free Public Library
Library Card Application**



Photo identification and proof of current address required.

First Name _____ **MI** _____ **Last Name** _____

Date of Birth: _____ **Preferred Name:** _____

E-mail Address: _____

Primary Phone Number: _____

Check One: Juvenile (0-11) Teen (12-17) Adult (18-59) Senior (60+)

Residential Address _____

City/Town _____ State _____ Zip Code _____

Mailing Address (if different from above) _____

City/Town _____ State _____ Zip Code _____

Hold Notification Preference: Phone E-mail Text (Carrier _____)

Would you like to allow a proxy (a spouse, family member, or caregiver) to use your card?

If yes, please provide their name: _____

Would you like to receive weekly emails about our newest books & movies? Yes No

Borrower's Agreement

I agree:

- To report a lost card immediately.
- To be responsible for all fines and fees and any items checked out on my card.
- To pay for all fines incurred, including late, lost and damaged materials.
- To notify the Library of any name or address changes.
- To comply with all Library rules.

Signature of Applicant _____

Parent/Guardian Signature (if age 11 or under) _____

Print Name of Parent/Legal Guardian if applicant is under 18 _____

Staff Use Only

Barcode _____

Date _____ Staff _____