

**ADULT LIBRARY CARD APPLICATION**  
Sturgis Library, Barnstable Village

If applying for this card using the form found on our website, please, mail, fax, or email this form, along with a copy of personal identification with your current address. Driver's license preferred.

**Sturgis Library 3090 Main Street PO Box 606 Barnstable, MA 02630**  
PHONE (508) 362-6636 FAX (508) 362-5467  
[info@sturgislibrary.org](mailto:info@sturgislibrary.org)

***PLEASE PRINT***

**TITLE** (circle one): Mr. Mrs. Ms. Dr.

**NAME:** \_\_\_\_\_  
Last ( + Jr., Sr., III, etc.) First Middle Initial

**LOCAL MAILING ADDRESS:**

\_\_\_\_\_  
Street *or* P.O. Box # City State Zip

**TELEPHONE #:**

\_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

*Note: If E-mail is provided hold notices & overdue notices will be sent to E-mail*

**If above is not your year-round address, please give us additional contact info:**

\_\_\_\_\_  
Street *or* P.O. Box # City State Zip

Telephone # \_\_\_\_\_

**Yes, please send me your newsletter & other library mailings.**

**SIGNATURE:** \_\_\_\_\_  
*I accept responsibility for material borrowed on this card.*

**FOR STAFF USE – DO NOT WRITE BELOW LINE**

PATRON BARCODE:

PATRON I.D: ID & address verified?

STAFF INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_