

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.

THIS CARD WILL BE VALID FOR 6 MONTHS ONLY.

After 6 months you must come in person to the Sturgis Library to renew your card.

Sturgis Library 3090 Main Street PO Box 606 Barnstable, MA 02630

PHONE (508) 362-6636 FAX (508) 362-5467

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 or CELL # _____

EMAIL: _____

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

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: _____