

Sturgis Library Card Application for Adults

Please Print

NAME: Mr. Mrs. Ms.

PRONOUNS: He/Him She/Her They/Them

Last	First	Middle Initial
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PERMANENT MAILING ADDRESS: (where you vote)

City	State	Zip
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Please include street address if above is a P.O. Box _____

City	State	Zip
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TELEPHONE cell _____ landline _____

LOCAL ADDRESS (if different from above):

City	State	Zip
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Please include street address if above is a P.O. Box _____

City	State	Zip
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If visiting, please indicate length of stay _____

E-MAIL (please print): _____

Note: If e-mail is provided, hold notices & overdue notices will be sent via e-mail.

- Yes, please send me your newsletter & other library mailings.
- I accept responsibility for all materials borrowed on this card and agree to the borrowing guidelines of **CLAMS – Cape Libraries Automated Materials Sharing**.

SIGNATURE: _____

FOR STAFF USE

PATRON BARCODE: _____

PATRON ID & ADDRESS VERIFIED: _____ STATE: _____

STAFF INITIALS: _____ DATE: _____