

Wareham Free Library
Library Card Application

Please Print

First Name: (Full Legal Name)	Middle Name: (Required)	Last Name:
Mailing Address:		Apt/Space/Unit No.
City:	State:	Zip Code:
Telephone: Home: ()	Work: ()	Cell: ()
E-Mail Address:		Birth Date: (Month/Day/Year)

Would you like us to keep a history of the items you have checked out with your card? Yes No

Parent or Guardian of Applicant (under Age 18)

First Name:	Middle Name: (Required)	Last Name:
Address: (If different from applicant)		Apt/Space/Unit No.
City:	State:	Zip Code:

Residential Address If Different from Above

Residential Address:	Apt/Space/Unit No.
City:	State: Zip Code:

Acceptance of Responsibility

- I will be financially responsible for all materials borrowed and any fines accrued on this card.
- I will report a lost card or any change in address immediately.
- I release the library from any liability for damages occurring from any materials borrowed.
- Parents are solely responsible for their child's use of library materials.

Signature of APPLICANT:

Signature of PARENT/GUARDIAN:

<p style="text-align: center;">Preferred Method of Notification</p> <p><i>Please let us know how you would like to be contacted for available holds and overdue notices: (check only one)</i></p> <p><input type="checkbox"/> Phone () _____</p> <p><input type="checkbox"/> Email _____</p> <p><input type="checkbox"/> Text Message (SMS) Cell: () _____</p> <p style="text-align: right;"><i>Language for Phone:</i></p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Portuguese</p>	<p style="text-align: center;">Alternate ID</p> <p style="text-align: center;"><i>(for e-catalog sign-in)</i></p> <p>_____</p> <p>You can request an Alternate ID to use instead of your library card number for signing into the library catalog.</p> <p>An Alternate ID is like a username or nickname; it can include both numbers and letters. <i>(up to 10 digits)</i></p>
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FOR OFFICE USE

Patron Type: JUV _____ YA _____ ADULT _____ NOMASS _____ OTHER _____

Identification Proof of Address Staff Initials Date