



REGISTRATION FORM

Have you ever been registered at another Cape Cod Library? Yes No (please circle one)

Please PRINT:

Name: _____ last first middle

Legal Address: Street: _____

P. O. Box: _____

City/Town: _____

State: _____ Zip: _____

Phone: _____

Local Address: Street: _____

(if different from above)

P. O. Box: _____

City/Town: _____

State: _____ Zip: _____

Phone: _____

Email Address: _____ (for receiving reserve notices and overdue reminders)

If under 18 years of age:

We may use your email to send MMPL updates and newsletters.

Date of Birth: (Month) _____ (Day) _____ (Year) _____

Parents/Guardians: _____

I apply for the right to use the Library, and agree to comply with all of its rules and regulations, and to give immediate notice of any change in the above information.

Signature

Date

Identifying data – For Library Use Only

Driver's License Number _____ State _____ Number _____

Military ID: MIL _____

Other ID: _____

CLAMS Card Number: _____

Temporary Borrower Fee Paid \$ _____ Departure Date: _____

Staff initials _____

All Information Entered: (date) _____