Registration Application

9/18

JACOB EDWARDS LIBRARY

236 Main Street
Southbridge, MA 01550

For ages 12 and over

To register for a card, you will need to complete this form, provide positive identification such as driver's license, and provide proof of current address. Two pieces of ID will be required if you are not using your driver's license or official state ID for the application.

First Name	Middle	Last Name
Street address	Apt. #	City or Town
State	Zip Code	Post Office Box #
Home Telephone	Cell Phone	E-Mail Address

Date of Birth _____ Young Adult (12+): ☐ Adult (18+): ☐ Senior Citizen (60+): ☐

☐ **Check here:** If you wish to receive text alert when your requested items have arrived. (Carrier Provider) _____.

☐ **Check here:** If you would like to be signed up for our electronic newsletter.

☐ **Check here:** If you would like to receive check out receipts via email.

Signature: _____

AGREEMENT: I agree to be responsible for materials borrowed with this card, for all fines incurred, and for loss or damage of materials charged upon it.

(STAFF ONLY):

Barcode #: _____ **Staff Initials:** _____ **Date:** _____