

WORCESTER FREE LIBRARY

APPLICATION

Adult Library Card (13 yrs. and up)

Your library card allows you to access our library collection and other library resources in the Four County Library System. Receipt of your card acknowledges your acceptance of the responsibilities associated with their use. Please complete this form and provide current identification (driver's license or other proof of current local address).

Library records that contain names or other details about library users are confidential under New York State Law.

Please Print

FIRST NAME MI LAST NAME

MAILING ADDRESS

CITY

STATE

ZIP

PRIMARY PHONE (HOME OR CELL)

I PREFER TO BE CONTACTED BY EMAIL _____

Permanent Address (for students, second home owners, etc.)

ADDRESS (STREET OR P.O. BOX)

CITY

STATE

ZIP

HOME PHONE

STUDENT I.D.

SCHOOL

I apply for the right to use the library and agree to comply with all its rules and regulations and give immediate notice if my card is lost, or if I change my name or address.

SIGNATURE

DATE

FOR STAFF USE ONLY

QUALIFIER

CLASS

VERIFIED

HOME LIBRARY

CARD # _____

TYPE OF REGISTRATION: NEW

RE-REGISTRATION

ORIGINAL CARD# _____

CHANGE OF NAME/ADDRESS WORN CARD

LOST/STOLEN CARD

OTHER: _____

Staff _____ Date _____