**Amesbury Public Library**
**149 Main Street**
**Amesbury, MA 01913**
**(978) 388-8148**
**www.amesburylibrary.org**

**Library Use Only:**

Card #: _____

Staff Initials: _____

***Adult Library Card Application***

***Proof of address is required for all registration***

## Please Print

_____

Last Name First Name Middle

_____

Street Address Apt. # P.O.

_____

City State Zip

Primary Phone: _____

☐ Home ☐ Cell

Secondary Phone: _____

☐ Home ☐ Cell

Date of Birth ____/____/____

Month Day Year

Notice Options: Check **One** option only:*

***Please Print Carefully***

☐ *Email —

My email address is: _____@_____

☐ *Text Message — Carrier _____

☐ *Telephone _____

Would you like to receive emails informing you of library related events?

Yes ☐ No ☐

My email address is:

_____@_____

*By providing my email address I give the Amesbury Public Library permission to email me information regarding library programs & services. I understand I may request to be removed from the list at anytime by following the instructions within the e-newsletter.*

All Applications: My signature means that:

1. I accept financial responsibility for any overdue fines, repairs or replacement costs for any items borrowed under my name.
2. I understand that my library card should not be loaned to others.
3. I accept responsibility for materials I check out for someone else.
4. I understand that I must return all overdue items and pay all fines before checking out additional items.
5. I will notify the library immediately if this card is lost, stolen, or if there are changes to my name or address.
6. I understand the library does not restrict access to any materials in any format.

Signature: _____ Date: _____