



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

<u>Library Use Only:</u>
Card #: _____
Staff Initials: _____

**Adult Library Card Application**

Proof of address is required for all registration

**Please Print**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Street Address \_\_\_\_\_ Apt.# \_\_\_\_\_ P.O. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Notice Options:**

Email: \_\_\_\_\_

Text: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_

*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: \_\_\_\_\_