

Your Worcester Public Library Card

"Connecting you to the World"

Please Print Clearly

First Name _____ MI _____ Last Name _____

Date of Birth: Month _____ Day _____ Year _____

E-mail Address: _____

Phone number _____

Mailing Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Residential Address if different from above _____ Apt. # _____

City _____ State _____ Zip Code _____

Name of Parent/Legal Guardian if applicant is under 18 _____

If applicant is part of a group getting library cards together, what is group name _____
(Ex. A class full of students all getting cards at the same time might be Ms. Jones, Grade 2, Brooks School)

BORROWER'S AGREEMENT Please Read Before Signing!

I agree

- To report a LOST card immediately.
- To be responsible for all fines and fees and any items checked out on my card prior to being reported lost or stolen.
- To accept that Lost items totaling over \$100 and more than 60 days overdue will result in the submission of my name* to Unique Management Service Inc., which is a material recovery service.
- To be responsible for all materials borrowed with my card.
- To pay promptly for all fines incurred, including charges for late, lost and damaged materials.
- To notify the Library of any name or address changes.
- To comply with all Library rules.

Signature of Applicant _____

Parent/Guardian Signature (if age 12 or under) _____

* For an applicant under the age of 18, the parent/Legal Guardian's name will be submitted to Unique Management Services Inc.

7/11/13

Staff Use Only

Barcode _____

Date _____

Staff _____