

Your Worcester Public Library Card

"Connecting you to the World"

Please Print Clearly

First Name _____ MI _____ Last Name _____

Preferred name (if different from above) _____

Date of Birth: Month _____ Day _____ Year _____

Email Address _____

Check here if you would like receipts emailed to you rather than printed at time of checkout.

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)

How would you like to be notified of your holds when they are ready to be picked up?

Email ___ Text ___ Phone Call ___

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 be responsible for all materials borrowed with my card.
- To pay promptly for all fines incurred, including lost or damaged materials.
- To notify the Library of any name or address changes.
- To comply with all Library rules.
- To comply with all Library of Things guidelines when borrowing a Thing.

Signature of Applicant _____

Parent/Guardian Signature (if age 11 or under) _____

Staff Use Only

Barcode _____

Date _____

Staff _____