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 ________________

Group Name (if applicable) ___________________________________________
How would you like to be notified of your holds when they are ready to be picked up?

- Email Notification
- Phone Call
- Text Message

Mobile carrier (Verizon, AT&T, T-Mobile, ETC.) ______________________

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 charges for late, lost and 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 __________________________________________________