

West Falmouth Library - Registration Form

Date: _____ Have you ever been registered at another Cape Cod Library? *Yes* *No*

Do you have a current CLAMS card? *Yes* *No* Check: Adult Juvenile (5-18)

Check one: Falmouth resident MA resident Out of state resident

Check: Seasonal/Temporary Visitor Teacher Homebound

Name: Dr. Mr., Mrs., Ms., Miss: _____

(last name, first name) (middle initial)

Legal/Voting Address: Street _____

P.O. Box _____ City/Town _____

State _____ Zip code _____ Phone _____

Local Address: Street _____

(If different) P.O. Box _____ City/Town _____

State _____ Zip code _____ Phone _____

Email address: _____

How would you like to receive library notifications about requested items? phone email both

I apply for the right to use the Library, and agree to comply with all of its rules and regulations, and to give immediate notice of any change in the above information.

Adult or Parent Signature

Do you want to receive the West Falmouth Library newsletter and mailings? Yes No

Would you like to be a library volunteer? Yes No

If under 18 years of age: Date of Birth: Month _____ Day _____ Year _____

Parents/Guardians: _____

Parent's CLAMS card # _____

Identifying Data – For Library Use Only

Driver's License (State) _____ Verified: YES _____

Other Picture ID verified: YES _____ Military ID: _____ or Other ID _____

West Falmouth Library CLAMS Card Number: 11508 _____

Staff initials _____ All info verified _____ Date entered: _____ Date verified/staff initials: _____