

Lawrence Public Library Library Card Application

Last Name: _____ First Name: _____

Middle Initial: _____ E-Mail Address:

Telephone 1: _____ Telephone 2: _____

Mailing Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Birth date: _____ / _____ / _____ Social Security Number _____
Month day year

Adult: _____ Child: _____
(Sixth grade or less)

You must be at least 18 years old to check out VHS or DVD materials from the second floor.

I agree to the following: I will be responsible for all materials checked out on this card. I will follow the regulations of the Lawrence Public Library. I will notify the Library if my address changes or if my card is lost.

Failure to return overdue library materials; failure to report lost library materials; destroying or damaging library materials; or failure to reimburse for such lost materials or damages is a violation of M.G.L. Chapter 61, Acts of 1990, M.G.L. Chapter 266, Sections 99 and 100 and is punishable by a fine of up to \$25,000.

Child's signature: _____ Date: _____

Adult's signature: _____ Date: _____
(Parent or guardian must sign and accept responsibility if applicant is in sixth grade or less.)

(LIBRARY USE ONLY)

Expiration date: _____ Library Card Number: _____
() New registration () MLA use only () AV hole punch

Received by: _____ Input by: _____ Pin Number _____