



CWMARS – Hatfield Public Library

# LIBRARY CARD REGISTRATION



FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please include an e-mail address and/or phone number to get overdue and pick-up notices.

E-MAIL ADDRESS: \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_

## **MAILING ADDRESS**

STREET: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## **HOME ADDRESS** (if different or if your mailing address is a PO Box)

STREET: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**CWMARS Library Card #** (if you already have one) \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_