

Eldredge Public Library – Library Card Registration Form

ADULT

For Library Use

Choose a Template: Chatham – Adult

Chatham – Mass – Adult

Chatham – Out of State – Adult

*Geog. Code: (town code for legal address) **Chatham (9) : N. Ch. (10) : S. Ch. (11) : W. Ch. (12)**

Please Print Clearly !!

*Name

Mr ___ Mrs ___ Ms ___ Other ___ First _____ Middle _____ Last _____ Suffix _____

Local Address (Mailing Address)

_____ Post Office Box _____ Street _____
_____ City/Town _____ State _____ Zip Code _____

*Local Telephone _____

Unique ID

SS # _____ or Driver's License # _____ State _____

*Library Identification 1 1900 _____

Email _____

Legal Address (if different from above) (Mailing Address)

_____ Post Office Box _____ Street _____
_____ City/Town _____ State _____ Zip Code _____

Telephone _____

Please Check Appropriate Box/Boxes

_____ Chatham Resident _____ Temporary Visitor _____ Chatham Summer Employee
_____ Chatham Part Time Resident _____ Annual/Frequent Visitor _____ Other

Place a check in the box if you would like your name added to library mailings.

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

Signature _____

Date _____