

Lawrence Public Library Library Card Application

First name: _____ Middle name: _____ Last name: _____

E-Mail Address: _____

Day phone: _____ Evening phone: _____

Mailing Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Date of birth: ____ / ____ / ____
Month day year

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.

Print name: _____

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

.....

(LIBRARY USE ONLY)

Library Card Number: _____ Input by: _____