

Truro Public Library Registration Form for Adults

Please present Driver's License or other ID with this form.

Name _____
Last First Middle Initial

Please check one:

- I live in Truro all year long.
- I own property in Truro with a permanent address elsewhere.
- I am a visitor from Massachusetts.
- I am a visitor from another state/country.

Permanent/Legal Address:

_____ Please include Street Address AND PO Box

_____ City/Town State Zip Code Country (if other than US)

Local Address:

_____ Please include Street Address AND PO Box

_____ City/Town State Zip Code Country (if other than US)

Email address: _____ Pin No.: _____

Please check:

- Please send me email reminders about adult programs.
- Please send me email reminders about kids' programs.
- Please do not send me email.

Phone number:

Area code () _____ (Circle one) Home Work Cell

Alternative phone number:

Area code () _____ (Circle one) Home Work Cell

Please read before signing: I verify that the above information is correct and I assume financial responsibility for materials borrowed or charges incurred on this card. I agree to inform the library if this card is lost or stolen. I also agree to inform the library of any street, phone or e-mail changes.

X _____

Date: _____

Visitor Fee paid (if applicable) _____	Staff initials: _____	Proof-reader initials: _____
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