

Library Card Registration



PLEASE PRINT (Full legal name, no nicknames)

_____/_____/_____
First Name **Middle Initial** **Last Name**
In care of _____ (parent, guardian, or other, please print)
Home Street Address (No P.O. Boxes) _____
City/Town _____ State _____ Zip Code _____
Primary Phone (Home or Cell) _____ Email _____
Date of Birth _____/_____/_____ Email Updates from MML Y / N (circle one)

I understand that I am responsible for all material checked out to this card and for any fees incurred due to lost or damaged items. I will give immediate notice of any change of address, phone number, or email.

Signature: _____ Date: _____

Parent/Guardian/Other Signature (required for children through grade 8) _____

By signing above I acknowledge responsibility for all library materials borrowed by the above-named person

If you are not a resident of Norwood, but are **employed full-time in Norwood**, you may still take advantage of services open only to residents, such as our Museum Pass Program.

Place of Work: _____

Address/Phone Number: _____

STAFF USE ONLY

Date _____

Barcode _____ ID Checked _____

Qualifier (A or J) _____ Class (P or E) _____ MA License _____

*Staff Verification of F/T Employment in Norwood _____ Bill w/current address _____

_____ Age is 17+ _____ School ID _____

_____ Requested a PIN _____ Other _____

Staff Initials _____ New Registration _____ Change of Info _____

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Information Verified (Date) _____ Staff Initials _____