

SE _____
DATE _____

LUCY ROBBINS WELLES LIBRARY
100 GARFIELD STREET
NEWINGTON, CT 06111

UPD _____
DATE _____

ADULT REGISTRATION FORM

Please have this library card number at hand whenever you call the Library with questions or requests concerning this account.

PLEASE PRINT

NAME _____
First M.I. Last

PREFERRED NAME (if different from above): _____

MAILING ADDRESS _____
Street

City State Zip Code

The individual named is responsible for all materials borrowed.

PREFERRED TELEPHONE _____

ADDRESS OF RESIDENCE (if P.O. Box is mailing address):
State law requires patrons to get their library card in the town where they reside. Any valid library card can be used in any public library in Connecticut.

Street State Zip code

Please fill in the following information:

DATE OF BIRTH _____ GENDER IDENTITY (optional) _____

I agree to obey all the rules and regulations of the public library. I acknowledge that I am responsible for all items charged to my library card, to pay promptly all fines charged against me for overdue and lost or damaged items and to give immediate notice of any change of address, or a lost/stolen card.

E-MAIL ADDRESS _____

Your email address will be used to notify you when reserve items become available and/or when there are overdue items on your account.

SIGNATURE _____ DATE _____

BARCODE NUMBER _____