



Rockport Public Library Adult Library Card Application

(13 years +)

Current photo identification and proof of residence is required.

Barcode:

First Name: _____

Preferred Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: / /
 Month Day Year

Local Address

Street Address: _____

Town: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Home Phone: _____

Other Phone: _____

Email Address: _____
(for library notifications)

Other Address

Street Address: _____

Town: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Home Phone: _____

Other Phone: _____

May we send you news about the library, such as upcoming events or our newsletter via email?

Circle one YES NO

I hereby apply for the right to borrow materials from the Rockport Public Library. I agree to follow its rules, to pay for any lost, damaged or overdue materials charged to my card, and to report any loss of my card. Parents or legal guardians are responsible for children's selection of library materials.

Signature: _____

Date: _____