

Library Card Application



Have you ever had a CLAMS card?

Yes No

Your Name:

Last Name _____ First Name _____ M.I. _____

Pronouns:

(optional)

Parent/Guardian (if under 14 years) _____

Permanent Address

PO Box _____

Street _____

City/Town _____ State _____ Zip _____

Phone _____

Local Address

(if different from above)

PO Box _____

Street _____

City/Town _____ State _____ Zip _____

Phone _____

Please check one:

Rent Own Visit

Email Address: _____

Check here to receive our monthly newsletter (you can opt out at any time)

Please choose a four-digit PIN to access your account online:

Signature _____

(By signing, I accept responsibility for the care & safe return of materials borrowed from the Edgartown Library)

Library Use Only:

ID Type:

Card Number: 1010800 _____

Qualifier: 1-Town 2-Mass 3-Other

Note: Owner Year Round Temp (10 Item Limit)

P-Type: Adult Young Adult Juvenile

Staff Initials _____ Temp Fee Paid: _____