

JONES LIBRARY CARD APPLICATION

Jones Library will accept public library cards which carry the C/W Mars logo.

For office use only: PID# _____
ID _____ Proof of address _____
Entry date _____ Staff member _____
Circle P type 0AD 1 JUV 2 YA 3SC 32 ST 204 OOS DECERT

PLEASE PRINT

NAME (LAST) _____ (FIRST) _____ (MI) _____
LOCAL
MAILING
ADDRESS _____ CITY _____ STATE _____ ZIP _____
(pcode4)

Date of Birth ____/____/____ Telephone # Home () _____
Area code
Cell () _____
EMAIL ADDRESS _____ (So we can notify you of reserves or overdue items.)

AGE RANGE (please circle one): 4-11 12-17 18-59 60+

Do you attend: UMass Hampshire College Amherst College? (If yes, please circle one.)

If mail goes to a PO Box, list street address below.

STREET
ADDRESS _____ CITY _____ STATE _____ ZIP _____

Please list your permanent address or list a relative/friend at a different address than you.
We will use it only if mail to you has been returned.

Name _____

Address _____ City _____ State _____ Zip _____

If applicant is under 14, parent or legal guardian must list an address and sign below.

Parent/Guardian card # _____

You are responsible for returning all materials charged on your card. A parent/legal guardian must sign for his/her child's reading and viewing selection. Adults accept financial responsibility for their children's return of Library materials.

Signature _____