

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)

If mail goes to a PO Box list residence address below

RESIDENCE

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____ (So we can notify you of reserves or overdue items.)

Date of Birth ____/____/____ Telephone # Home () _____
Area Code
Cell () _____

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.)

Please list your permanent address. If either address above is your permanent address, list a relative or a friend. 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 _____