LIBRARY CARD APPLICATION www.warehamfreelibrary.org

APPLICANT - Please Print (names must reflect FULL LEGAL NAMES) (updated 4/7/2025					
First Name:	Middle Name:	Middle Name: (Required)		Last Name:	
Mailing Address:				Apt./Space/U	nit #:
City:		Sta	te:		Zip Code:
Telephone #'s Home: ()	Wo	rk: ()		Ce	II: ()
Email Address:				Birth Date: (r	mm/dd/yyyy)
Parent or Guardian of <18 year old Ap	plicant				
First Name: (Full Legal Name)	Middle Name:	(Required)	Last Name:		
Address: (if different from applicant's)				Apt./Space/Unit #:	
City:		Sta	te:		Zip Code:
Residential Address (if different from a	above)				
Residential Address:				Apt./Space/Unit #:	
City:		Sta	te:		Zip Code:
Acceptance of Responsibility					
 I will be financially response I will report a lost card I release the library fro Parents are solely response 	or any change in a m any liability for o	ddress immediat damages occurrir	ely. ng from an	y materials bo	
Signature of APPLICANT:					
Signature of PARENT/GUARDIAN:					
Preferred Method of Notification Please let us know how you would like to be contacted for available holds and				Alternate ID (for e-catalog sign-in)	
verdue notices (check only one): ☐ Phone _()				You may request an Alternate ID to use instead of your library card number for signing into the library catalog.	
☐ Text Message (SMS) Cell # _()				An Alternate ID is like a username or nickname and may include both numbers and letters (up to 10 digits).	
FOR OFFICE Patron Type: JUV USE ONLY: Identification:	YA Proof of Addre		N		OTHER