

CLAMS Registration Form

Have you ever registered at another Cape Cod library? (please circle) Yes No

\* PLEASE PRINT ALL INFORMATION \*

Name Last First Middle

Legal Address Street PO Box City/Town State Zip Phone

Local Address: if you are a seasonal resident/visitor Street PO Box City/Town State Zip Phone

Email Address

(optional) Select a pin number to access your account on CLAMS website (four numbers)

If this application is in your child's name, please list their birth date:

Child's birth date / /

Parent(s)/Guardian(s) Name: Last First Last First

I apply for the right to use the library, and agree to comply with all its rules and regulations, and to give immediate notice of any change in the above information.

Signature Date

Identifying Data - For Library Use Only

Drivers license State Number

Military ID

Other ID

Borrower's Fee for Non - Massachusetts Residents \$ one year card

CLAMS Card 1 2000 00 Staff Initials Date / /