

Library Card Application



Have you ever had a CLAMS card? Yes No

Your Name

Last: First: MI:

Parent/Guardian (if under 14 years):

Permanent Legal Address:

Street:

P.O. Box:

City/Town

State: Zip: Phone:

Local Address (if different from above)

Street:

P.O. Box:

City/Town

State: Zip: Phone:

Seasonal residents, please check one: Rent Own Visit

Email address: May we email you when items you request come in? Yes No

Island Employer (if applicable):

Please choose a four-digit PIN for online catalog & account access:

Signature: _____

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

Library Use Only:

Card Number : 10108 _____

Qualifier: 1-Town 2-Mass 3-Other

Note Field: Owner Year-rd TEMP (10-item limit, 1-yr exp)

P-Type Adult YA Child

Staff initials:____ Temp fee paid: _____ Departure date: _____