Library Card Application Have you ever had a CLAMS card? Yes No edgartownlibrary.org • 508-627-4221 Last name:_____ First name: Pronouns: Street:_____ PO Box:_____ Mailing/Primary Address State: Zip: Contact Info Phone: _____ (check preferred method) Email Address: Street:_____ PO Box:_____ Physical/Local **Address** State:_____ Zip:____ City: (if different from above) Visit Rent, year round Own Which of the following apply to you? Please choose a password/PIN to access your online account: Parent/Guardian (if under 14): Check here to receive our monthly Signature: newsletter (you can opt out at any time) (by signing, I agree to adhere to all of the library's policies) For Library Use Only **Card Number: 1010800** Juvenile Young Adult Adult ID type (14-17)(under 14) (18+)Circulation note: Owner Year round Temp 3-year 3-year 1-year

Fee paid?_____ Staff initials:_____

TOWNRES

MASSRES

OTHER

Registration qualifier: