DATE OF CLASS VISIT TO LIBRARY [mandatory]: ____________________________________

TEACHER: _______________________ SCHOOL: ___________________________

GRADE LEVEL: _______ LIBRARY LIAISON: ___________________________

APPLICATIONS SHOULD BE FILLED OUT BY STUDENTS AND DELIVERED BY THE
TEACHER/LIAISON TO THE LIBRARY LIAISON (i.e., Young Adult Librarian, Circulation Librarian, or
Branch Librarian) TWO OR MORE DAYS BEFORE THE CLASS VISIT TO THE LIBRARY FOR
PROCESSING.

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Somerville Public Library, Somerville, Massachusetts
MINUTEMAN LIBRARY NETWORK

PLEASE PRINT:

_____ Mr. _____ Mrs. _____ Ms. _____Jr. _____ III

[LEGAL NAME – NOT A NICKNAME] [MIDDLE] [LAST]

I hereby apply for a library card. I agree to abide by the Library’s policies and rules. I will pay any fines or
damages charged to me due to overdue, lost, or damaged materials, and I will give prompt notice of any change of
address, name, or telephone number. I will also give prompt notice in the event that either or both of my cards are
lost or stolen. I understand that if I do not notify the Library of my lost or stolen card(s), any and all items
subsequently charged out to my unreported card(s) are my responsibility.

I understand that I am responsible for the use of both the wallet-sized and keychain-sized cards.
I also understand that museum passes must not be returned in the book-drop.

NOTE: There is a $2.00 replacement fee for lost cards.

A library card, or official photo ID, is required for the purpose of borrowing any library materials.
There are no exceptions.

SIGNATURE: _________________________________________________________

[LEGAL ADDRESS – DO NOT USE P.O. BOX!] [APARTMENT] [FLOOR]

_________________________________________ ____________________________ [ZIP CODE]

(______) _______________________________ (______) __________________________
[PRIMARY TELEPHONE] [SECONDARY TELEPHONE]

[EMAIL ADDRESS – Please PRINT]

DATE OF BIRTH: ________/ ________/ _______ M ☐ F ☐

[Month] [Day] [Year]

08/07/2017 /jv