PATRON REGISTRATION

Date:_____

Name:_____
First Middle Initial Last

Street:_____

City:_____State:_____Zip:_____Phone:_____
Cell [ ] Home [ ]•

E-Mail Address:_____
(PLEASE PRINT CAREFULLY)

Signature:_____

Parent/Guardian Signature:_____

BILLERICA AREA:
1. Central
2. North
3. West
4. East
5. Nuttings Lake
6. Pinehurst
7. Non-Resident

Male (1) [ ]
Female (2) [ ]

Year of Birth:_____

If under grade 9 – Your signature indicates compliance with all the policies of the Billerica Public Library. Copies of these policies are available upon request.

STAFF:_____ Barcode:_____

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