

Uxbridge Free Public Library
Application for C/WMARS Library Card

First-time C/WMARS card issued FREE

Replacement cards are re-issued for \$1

Identification and proof of current address is required

Please notify the library of all changes in name, address, email and phone number!

Last Name **First Name** **Middle Initial**

Mailing Address

City **State** **Zip code**

Email Address

Residential Address (Fill out only if using P.O. Box for Mailing Address)

Home Phone # **Cell Phone #**

Birth Date (mm/dd/yyyy)

I agree to be responsible for materials borrowed with this card including all fine incurred and for any lost or damaged materials. The Uxbridge Free Public Library cannot be responsible for the content of any material borrowed by a minor child.

Signature of Applicant **Date**

Parent/Guardian Signature for Borrowers Under Age 13 **Date**

For Staff Use Only

Please check appropriate box for identification/residency:

Government Issued ID **Student ID** **Mail/Bill**

Staff Initials _____