

Hubbardston Public Library

Library Card Application Form

Date: _____

First Name: _____ Middle Initial: _____

Last Name: _____

Date of Birth: ____/____/____

Street Address: _____

Town: _____ State: _____ Zip Code: _____

Mailing Address: _____

Town: _____ State: _____ Zip Code: _____

e-mail: _____

Primary Phone: _____

Text Number: _____ Text Carrier: _____

Identification: _____

Signature: _____

(If under 18, a parent or guardian must sign if obtaining a library card for the first time)

Parent/Guardian Signature: _____

Parent/Guardian Name (printed): _____

For Library Use:

Date Entered: _____

Entered by: _____

Card Received: _____

Card Number: _____