

Cambridge Public Library Registration Application
Please Print

NAME _____ / _____ / _____
(First) (Middle) (Last)

DATE OF BIRTH _____ M F (Optional)

LOCAL MAILING ADDRESS

STREET _____ P.O. BOX _____ APT _____

TOWN/CITY _____ STATE _____ ZIP _____

HOME PHONE _____ / _____ OTHER PHONE _____ / _____

PERMANENT ADDRESS (If different from above)

STREET _____ P.O. BOX _____ APT _____

TOWN/CITY _____ STATE _____ ZIP _____

COUNTRY _____ HOME PHONE _____ / _____

EMAIL ADDRESS – Please Print Clearly! _____

Email is how we communicate with you about your account, if you would like to receive notification of items on hold and overdue materials, please include your email address. We do not share your email address with anyone.

We will be asking you for a **PIN** (Personal Identification Number) – this will give you access to your account online.

Would you like to receive monthly email updates from CPL?

Check all that apply:

- Children's Room Book Recommendations
- Events & Programs
- Library News & Book Recommendations

SIGNATURE _____

By signing above I acknowledge responsibility for all library materials borrowed.

STAFF USE ONLY	Date _____
Barcode _____	ID Checked _____
	Staff Initials _____