

Library Card Application



Have you ever had a CLAMS card? Yes No

Your Name

Last: First: MI:

Parent/Guardian (if under 14 years):

Permanent Address:

P.O. Box:

Street:

City/Town

State: Zip: Phone:

Local Address (if different from above)

P.O. Box:

Street:

City/Town

State: Zip: Phone:

Seasonal residents, please check one: Rent Own Visit

Email address:

Check here to receive our monthly newsletter (you can opt out at any time):

Please choose a four-digit PIN to access your account online:

Signature: _____

(by signing, I accept responsibility for the care & safe return of materials borrowed from the Edgartown Library)

Library Use Only:

Card Number : 10108 _____

Qualifier: 1-Town 2-Mass 3-Other

Note Field: Owner Year-round TEMP (10-item limit)

 P-Type Adult Young Adult Juvenile

Staff initials: _____ Temp fee paid: _____