

Eastham Public Library
CLAMS Registration Form (Adult)

NAME:

FIRST	M. INITIAL	LAST

ADDRESS:

Permanent

Eastham
Property
Owner?

Yes:

No:

STREET		
TOWN	STATE	POSTAL CODE

Summer/Alternate

STREET		
TOWN	STATE	POSTAL CODE

EMAIL:

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PHONE:

Home	Cell
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IF RENTING:

Rental Date	to	
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PLEASE READ:

I understand that I will be responsible for all items loaned on this card and for all fines or fees associated with these items.

SIGNATURE:

NAME	DATE

Temporary Borrower:

LIBRARY CARD NUMBER