Uxbridge Free Public Library
Application for C/W Library Card

First-time C/W Mars card are 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: _____ STREET OR PO BOX# _____

CITY _____ STATE _____ ZIP CODE _____

ACTIVE E-MAIL ADDRESS _____

RESIDENTIAL ADDRESS (ONLY IF USING PO BOX#) _____

HOME PHONE # _____ CELL PHONE # _____

BIRTH DATE (mm/dd/yy) _____

I AGREE TO BE RESPONSIBLE FOR MATERIALS BORROWED WITH THIS CARD INCLUDING ALL FINES 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 _____

FOR STAFF USE ONLY

PLEASE CHECK APPROPRIATE BOX FOR IDENTIFICATION/RESIDENCY

GOVERNMENT ISSUED ID ☐ STUDENT ID ☐ MAIL/BILL ☐
STAFF INITIALS _____