

ADAMS MEMORIAL LIBRARY APPLICATION (Adults)

Please Print

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Home/Cell _____ Work# _____

Applicant Birthdate _____ R.I. License or ID# _____

Email Address: _____

Please Read: The Adams Memorial Library "fines and penalties" Failure to return materials may result
In the notification of a collection agency.

Signature: _____

Staff Only: Date _____ Initials _____ Barcode _____