



Please print clearly

Name: \_\_\_\_\_  
                    last                                    first                                    middle initial

Address: \_\_\_\_\_  
                    street  
  
                    \_\_\_\_\_   
                    city                                    state                                    zip

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Guardian name: (please print) \_\_\_\_\_

Guardian signature: (if under 14) \_\_\_\_\_

Guardian license number \_\_\_\_\_

Would you like to receive our online newsletter?

yes       no

The cardholder agrees:

1. To follow all of the rules of the Warwick Public Library
2. To be responsible for all material borrowed on this card
3. That ONLY the person named on the card may use it

signature \_\_\_\_\_ date \_\_\_\_\_