

Southwick Public Library
Library Card Registration

If 18 years of age or over, please select a card size:

Regular Wallet Size

Key-Tag Size

First Name: _____ **MI:** _____

Last Name: _____

Mailing Address:

Street: _____

Town: _____ State: _____ Zip: _____

Home Address (if different or if mailing address is a PO Box):

Street: _____

Town: _____ State: _____ \ _____ Zip: _____

Birthdate: ____ / ____ / ____

Phone: _(____) _____

Email Address (optional- include if you want to be emailed due dates and pick-up notices):

I would like the library to use my above email address to be signed up for the following email lists from the library (Please circle each): Adults Teen Families Library Links

Signature: _____