

# **TOLLAND PUBLIC LIBRARY/CWMARS LIBRARY CARD REGISTRATION**

## **NAME**

LAST: \_\_\_\_\_

FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

## **YEAR-ROUND MAILING ADDRESS**

STREET: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## **TOLLAND HOME ADDRESS** (if different or if mailing address is a PO Box)

STREET: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BIRTH YEAR: \_\_\_\_\_

PHONE #: (\_\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

(if you wish to be e-mailed overdue and pick-up notices)

CURRENT TPLIBRARY CARD # \_\_\_\_\_

CURRENT CWMARS CARD HOLDER? YES NO

**SIGNATURE:** \_\_\_\_\_