

ADULT Library Card Application*(Grade 7 through Adult)***Brockton Public Library**
Old Colony Library Network (OCLN)

**I apply for the right to use the Library and promise to abide by all its rules, to take good care of all materials I borrow, to pay all fines or damages charged to me, and to give prompt notice of change in my address, telephone number, or email address. If library card is lost or stolen please report to the Library immediately.*

First Name: _____ Middle: _____ Last: _____

Address: _____ APT: _____ City: _____ State: _____ Zip: _____

Primary telephone number: _____ - _____ - _____ Date of Birth: _____

Email address: _____

(Used for library notifications and holds)

Text message notifications are available.

Scan for more information.



Signature: _____

Picture ID with current address required to obtain a library card.*ADULT Library Card Application***(Grade 7 through Adult)***Brockton Public Library**
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