

Ogunquit Memorial Library application and agreement Date / / Number#

I hereby apply for the privilege of borrowing books from the Ogunquit Memorial Library and agree:
 1. To abide by the policies of the Ogunquit Memorial Library and comply with all the rules and regulations.
 2. To pay for every book kept out for over TWO WEEKS, a fine ten cents per day for each day. 3. Ensure that all books taken out by me have been returned in good condition.

Applicants, Please fill in the top section.

First Name _____ Last Name _____

Email Address: _____

Which phone number should we use to notify you? (for holds, Inter Library Loan, etc)

Daytime Phone: (____) _____

Evening Phone: (____) _____

Other Phone (Cell): (____) _____

Mailing Address, Local for Ogunquit and Environs.

PO Box (*preferred*) or Street Mailing Address _____

City _____ State _____ Zip Code _____

NON- RESIDENT'S Home Mailing Address

PO Box (*preferred*) or Street Mailing Address _____

City _____ State _____ Zip Code _____

Country: USA or _____

Signature: _____ **Date** ____/____/____

The library staff will fill out this section	
Bar code	Assigned Password: _____
The OPAC User-Name is their Email	
Primary Identification	<input type="checkbox"/> Drivers license, <input type="checkbox"/> Passport, <input type="checkbox"/> Other
Parent/Guardian (for Juveniles)	<input type="checkbox"/> Non-resident, Juvenile
Main (Profile) Permission Group	<input type="checkbox"/> Resident, Juvenile
	<input type="checkbox"/> Non-resident, Adult
	<input type="checkbox"/> Resident, Adult