

Ogunquit Memorial Library Application and Agreement**Date:** _____

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. Ensure that all books taken out by me have been returned in good condition.
3. To promptly return books by their due date or call to renew.

Applicants, Please fill in this top section:

First Name: _____ Last Name: _____

Email Address: _____

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

Home Phone: _____

Cell Phone: _____

RESIDENT Mailing Address, Local to Ogunquit and EnvironsPO Box (*preferred*) or Street Mailing Address _____

City _____ State _____ Zip Code _____

NON-RESIDENT Home Mailing AddressPO Box (*preferred*) or Street Mailing Address _____

City _____ State _____ Zip Code _____

Country: USA or _____

Signature: _____ **Date** _____

Library staff will fill out this section	Staff:
Bar code:	Assigned Password:
OPAC Username is their email:	
Primary Identification: <input type="checkbox"/> Drivers license <input type="checkbox"/> Passport <input type="checkbox"/> Other	
Main (Profile) Permission Group: <input type="checkbox"/> Non-resident Juvenile <input type="checkbox"/> Resident Juvenile <input type="checkbox"/> Non-resident Adult <input type="checkbox"/> Resident Adult	
Added to CloudLibrary?	Added to Constant Contact?