

LIBRARY CARD REGISTRATION

NAME

LAST: _____

FIRST: _____ MI: _____

MAILING ADDRESS

STREET: _____

TOWN: _____ STATE: _____ ZIP: _____

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

STREET: _____

TOWN: _____ STATE: _____ ZIP: _____

BIRTH DATE: _____ / _____ / _____

PHONE #: (_____) _____

E-MAIL ADDRESS: _____

SIGNATURE: _____

C/W MARS, INC. 2008

Revised September 11, 2009

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