

Registration Form



New _____ Renewal/Change of address _____

Last Name: _____

First Name: _____

Civic Address: _____

Mailing Address: _____

Town: _____ Province: _____ Postal Code: _____

Phone: _____ Work: _____ Cell: _____

Email Address: _____

Signature: _____

CONFIDENTIAL
Staff Use Only:
Circle Outlet

BW LIV LUN MOBILE

MOBILE STOP: _____

BARCODE NUMBER: _____

FEMALE _____ MALE _____

Please ask patron to show ONE of the following:

Health Card _____

Driver's License _____

SIN _____

Please Initial: _____

Date: _____

Primary Language: English _____ Unique Identifier: _____
French _____ Please provide your grandmother's first name.
Other _____

Date of Birth: _____ / _____ / _____
Year / Month / Day

Please check in which Town or Municipality you live:

- Town of Bridgewater Town of Lunenburg Town of Mahone Bay
 Municipality of the District of Chester Municipality of the District of Lunenburg Region of Queens
 Other

Children under 14 must have the signature of a parent/guardian to qualify for a library card. I understand that I am responsible for all library materials that my child reads or views. I agree to take responsibility for the materials borrowed on this card and to abide by the rules and regulations of the South Shore Public Libraries.

Parent/Guardian Signature

Please Print Your Name

If you are a visitor or a summer resident, please give your home mailing address:

Home Mailing Address: _____

Town/City: _____

Province/State: _____ Postal Code/Zip code: _____ Country: _____