NEWPORT PUBLIC LIBRARY
300 Spring Street, Newport, Rhode Island 02840
Adult Registration Form
Ocean State Libraries Date:_____

PRINT FULL NAME_____
First Middle Initial Last

ADDRESS_____
Street or P.O. Number (Apt.#)

_____
City State Zip

TELEPHONE _____**BIRTH DATE (MM-DD-YY)** _____

E-MAIL ADDRESS _____

☐ I would like to receive information about the library by e-mail.

Alternative ADDRESS (Students and Temporary Residents)

_____
Street or P.O. Number City State Zip

I agree to abide by current and future library regulations.

_____
Signature
(This library complies with ADA requirements regarding signatures.)

Staff Use Only			
New		Re-register	
BarCode 2154000			
Patron Loan Types			
Adult Resident	NTP	College Student	NTS
Staff	NTE	Non-Resident	NTN
Temp Resident	NTTM	Non-OSL Non-Resident	NTCR
Temp Non-Resident	NTTR		
Notes:_____			
Checked by:			