ADULT Library Card Application
(Grade 7 through Adult)

Brockton Public Library
Old Colony Library Network (OCLN)

*I apply for the right to use the Library and promise to abide by all its rules, to take good care of all materials I borrow, to pay all fines or damages charged to me, and to give prompt notice of change in my address, telephone number, or email address. If library card is lost or stolen please report to the Library immediately.

First Name: ___________________________ Middle: ___________ Last: _______________________

Address: _____________________________ APT: ___ City: ___________________ State: ___ Zip: ______

Primary telephone number: _______ - _______ - _______ Date of Birth: _______________________

Email address: ____________________________________________ (Used for library notifications and holds)

Text message notifications are available.
Scan for more information.

Signature: ________________________________________________
________________________________________________________

*Picture ID with current address required to obtain a library card.