POLLARD MEMORIAL LIBRARY LOWELL, MA

Patron Registration

PLEASE PRINT

NAME_____
First Middle Initial Last

ADDRESS _____
Number Street Apt No

_____
City State Zip

Phone Number _____ Date of Birth _____
Month/Day/Year

CIRCLE ONE BELOW:

1. Female 2. Male

NEIGHBORHOOD or RESIDENCE

1. Acre
2. Ayer City
3. Belvidere
4. Centralville
5. Downtown
6. Highlands
7. Pawtucketville
8. South Lowell
9. Other

Email Address: (PRINT): _____
If you choose to be notified by email, no paper notices will be sent.

Would you like to receive email updates of Pollard Library events, programs and services?

Circle: Yes No _____
Initial

For Staff Use only

Zebra