

MILLINOCKET MEMORIAL LIBRARY

5 Maine Avenue | Millinocket, ME 04462

REGISTRATION FORM

No. _____

_____ Expires: _____

DO NOT WRITE ABOVE THIS LINE

I apply for the right to use the Library, and agree to comply with all its rules and regulations, and to give immediate notice of any change of address.

Sign Full Name: _____

Home Address: _____

_____ Zip _____ Phone: _____

Business Address: _____

Phone: _____