



LIBRARY CARD APPLICATION

Applicant must show proof of current address and photo ID
Please print all information

LAST NAME:	FIRST NAME:	MIDDLE NAME:
ADDRESS:	CITY:	ZIP CODE:
E-MAIL ADDRESS (ONLY IF YOU WANT EMAIL NOTICES):		PHONE: (CELL / HOME / WORK)
I WANT TO RECEIVE LIBRARY NOTICES BY (CIRCLE ONE): E-MAIL MAIL PHONE		
BIRTH DATE OF PERSON GETTING THE CARD:		PIN NUMBER (PICK ANY 4 NUMBERS):
PARENT/GUARDIAN'S NAME & BIRTH DATE (FOR A MINOR'S CARD):		ID NUMBER & TYPE:
NAME: _____		_____
BIRTH DATE: ____/____/____		*Valid types of ID: Driver License, CA ID, Passport, Military ID, Consular ID.
STREET ADDRESS (IF DIFFERENT FROM ABOVE):		
<p>RESPONSIBILITY STATEMENT: By signing below I agree to report the loss of card(s) immediately, to inform the library in a timely manner of change of address/phone number, and to pay for any late, damaged or lost items charged on these cards.</p>		
SIGNATURE: _____		

PARENT OR GUARDIAN: Please fill out the following if applying for more than one child.

CHILD'S NAME	CHILD'S BIRTH DATE	PIN NUMBER (PICK ANY 4 NUMBERS)	LIBRARY CARD BARCODE (FOR LIBRARY USE ONLY)

FOR LIBRARY USE ONLY:	Staff Initials _____	Date _____
Barcode _____	Adult _____	YA _____ J _____