

Adult Library Card Application

Date: _____

Name: _____ Birthdate: _____
Last First Middle

Address: _____ Apt. # _____
Number Street

City: _____ CA Zip Code: _____ Phone #: _____

E-Mail Address: _____ Driver's License #: _____

Notification Preference: Email or Text/SMS (Email required for automated renewal)

I would like to subscribe to the library's monthly email newsletter: Yes No

I accept responsibility for all items checked out on my library card and agree to follow library rules. Account balances over a certain amount may be referred to a Collection Agency with a Service Fee added to the account. I will report a lost card immediately and notify the library when I move.

Signature: _____ (Please print and sign application)



STAFF USE ONLY

Residence Code

Bar-Code

Staff Initials