



**LIBRARY CARD APPLICATION**

Please Print

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Childs Name: \_\_\_\_\_

Parent \_\_\_\_ Community \_\_\_\_ School Volunteer/Vista \_\_\_\_

Other (please specify): \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

APT. NO. \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**STREET ADDRESS if your mailing address is a post office box:**

\_\_\_\_\_

APT. NO. \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**\* PLEASE READ CAREFULLY \***

**I WILL BE RESPONSIBLE FOR ANY DAMAGE TO OR LOSS OF LIBRARY MATERIALS AND WILL PAY ANY FINE JUSTLY CHARGED.**

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_