FRESNO COUNTY PUBLIC LIBRARY
A place to grow.

LIBRARY CARD APPLICATION

LAST NAME	FIRST NAME	MIDDLE NAME

ADDRESS	CITY	ZIP CODE

EMAIL ADDRESS	PHONE ☐ Cell ☐ Home ☐ Work

I WANT TO RECEIVE LIBRARY NOTICES BY [CHOOSE ONE]:   ☐ EMAIL   ☐ PHONE
☐ NO. I DO NOT WANT TO RECEIVE EMAILS ABOUT LIBRARY NEWS & SPECIAL EVENTS FROM THE LIBRARY AND THE FOUNDATION.

BIRTH DATE OF PERSON GETTING THE CARD	PIN NUMBER [PICK ANY 4 NUMBERS]

PARENT/GUARDIAN'S *NAME & DATE OF BIRTH* [FOR A MINOR'S CARD]   ID NUMBER & TYPE

NAME _____

BIRTH DATE _____

*Valid types of ID: Driver License, CA ID, Passport, Military ID, School ID [13 & over] Consular ID

STREET ADDRESS [IF DIFFERENT FROM ABOVE]

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.

SIGNATURE _____

Parent or Guardian: Please fill out the following if applying for more than one child.

CHILD'S NAME	CHILD'S BIRTH DATE	PIN

Children must be present to receive a Library Card.

How did you learn about the Library?   ☐ NEWSPAPER   ☐ RADIO   ☐ TV   ☐ OTHER_____

THE COUNTY OF FRESNO 1856   FRESNO COUNTY PUBLIC LIBRARY