



LIBRARY CARD APPLICATION

LAST NAME	FIRST NAME	MIDDLE NAME	PREFERRED NAME
ADDRESS		CITY	ZIP CODE
EMAIL ADDRESS		PHONE <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
I WANT TO RECEIVE LIBRARY NOTICES BY [CHOOSE ONE]: <input type="checkbox"/> SMS TEXT MESSAGE <input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE			
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 _____

Rev 1.31.2025