



I.D. #



APPLICATION FOR ADULT LIBRARY CARD

Present valid photo identification with name and current residential address, such as a driver's license, voter's registration or current bill.

PLEASE PRINT

Name _____
First Middle Initial Last

ADDRESS 1 _____
C/O _____

Address _____

Line 2 _____

City _____ **State** _____

Zip Code _____ **Phone** _____

Email _____

Date of Birth (MM/DD/Year) _____ / _____ / _____

How would you like to be contacted about items you have requested or other account notifications?

(check one) **EMAIL** **PHONE** To enroll in text message notification, please visit our website or mobile app.

PIN (4-10 numbers): _____

ADDRESS 2 (IF DIFFERENT FROM ABOVE)

C/O _____

Address _____

Line 2 _____

City _____ **State** _____

Zip Code _____ **Phone** _____

I would like mail to go to: **ADDRESS 1** **ADDRESS 2**

I would like a Voter Registration application. **YES** **NO**

I AGREE TO BE RESPONSIBLE FOR MATERIAL BORROWED WITH THIS CARD, FOR ALL FEES INCURRED AND FOR LOSS AND DAMAGE OF MATERIAL CHARGED UPON IT. I AGREE TO ABIDE BY LENDING AND ACCESS TO MATERIALS RULES AND ALL LIBRARY POLICIES AND REGULATIONS.

X _____
Applicant's Signature

Note: Under Florida law, email addresses stored in your library account cannot be shared, distributed or sold to third parties, so your information is safe with us!

Staff Use Only	Profile	Staff Initials
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In accordance with the provisions of ADA, this document may be requested in an alternate format.