



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** \_\_\_\_\_

**AGE GROUP**     **ADULT (18-64)**     **SENIOR (65+)**

**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!

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