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.

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!

In accordance with the provisions of ADA, this document may be requested in an alternate format.