



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. If you are unable to provide the requested documentation, please speak with a staff member for options.

**PLEASE PRINT**

Name: \_\_\_\_\_  
*First Middle Last*

Date of Birth (MM/DD/Year): \_\_\_/\_\_\_/\_\_\_\_\_

## ADDRESS 1

C/O: \_\_\_\_\_

Address: \_\_\_\_\_

Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## ADDRESS 2 (IF DIFFERENT FROM ABOVE)

C/O: \_\_\_\_\_

Address: \_\_\_\_\_

Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

How would you like to be contacted about items you have requested or other notifications?  
(check one)  EMAIL  PHONE  TEXT MESSAGE

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Required for text message notifications.

Email: \_\_\_\_\_

I would like a Voter Registration application.  YES  NO

PIN (4-16 characters) \_\_\_\_\_

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

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