



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

Legal Name: _____
First Middle Last

Preferred Name: _____
A first name different from your legal name you prefer we use.

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

PIN (4-16 characters) _____

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

Form continues on reverse →

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

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.