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.