



**APPLICATION FOR LIBRARY CARD**  
(Please Print)

Date: \_\_\_\_\_

NAME: \_\_\_\_\_ TEL # \_\_\_\_\_  
(last) (first) (middle initial)

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

The information requested below will provide broad circulation statistics to enable us to serve you more efficiently. Please check one box in each section.

<b>SEX:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>BIRTH DATE:</b> <input type="checkbox"/> 1920 - 1929 <input type="checkbox"/> 1930 - 1939 <input type="checkbox"/> 1940 - 1949 <input type="checkbox"/> 1950 - 1959 <input type="checkbox"/> 1960 - 1969 <input type="checkbox"/> 1970 - 1979 <input type="checkbox"/> 1980 - 1989 <input type="checkbox"/> 1990 - 1999 <input type="checkbox"/> 2000 - 2009 <input type="checkbox"/> 2010 - 2019 <input type="checkbox"/> 2020 - 2029	<b>LIBRARY USE ONLY</b> PZ  REG. CLASS  PATRON CATEGORY  NOTES: If there is an entry, check this box and enter the information on the reverse. <input type="checkbox"/>	New <input type="checkbox"/>  Renewal <input type="checkbox"/>  Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Change <input type="checkbox"/> Expiration Date: _____
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Proof of residency: Driver's License:  Other:  Please specify \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone #: \_\_\_\_\_  
(street) (city) (state) (zip)

Applicant's Signature: \_\_\_\_\_

E-mail Address : \_\_\_\_\_

If applicant is a minor (under 18 years of age), please enter parent/guardian information below.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Staff Initials: \_\_\_\_\_