

STANISLAUS COUNTY LIBRARY CARD APPLICATION

PLEASE PRINT NEATLY AND FILL OUT FORM COMPLETELY.

NAME: _____
Last Name First Name Middle Name

MAILING ADDRESS: _____
Address Apt./Space # City State Zip Code County

HOME ADDRESS: _____
(if different from mailing address) Street Address Apt./Space # City State Zip Code County

E-MAIL ADDRESS: _____ Would you like to receive the library calendar by E-Mail? YES / NO
If you supply an e-mail address, a reminder will be sent to you 3 days before your books are due.

BIRTH DATE: _____ / _____ / _____ PHONE #: _____
Month Day Year

DRIVER'S LICENSE NUMBER: _____
(or California ID)

How did you hear about the library? (circle all that apply) Friend/Family School Walk-in/Already Knew
Newspaper Phonebook Radio Theater Ad TV

PLEASE READ AND SIGN:
I AGREE TO BE RESPONSIBLE FOR ALL MATERIALS BORROWED WITH THIS CARD AND FOR ALL FINES INCURRED, INCLUDING CHARGES FOR LATE, LOST AND DAMAGED MATERIALS.



I UNDERSTAND THAT I MUST FOLLOW ALL LIBRARY RULES OF BEHAVIOR, AND THAT IF I CHOOSE NOT TO COMPLY WITH THESE RULES, MY LIBRARY PRIVILEGES MAY BE SUSPENDED OR REVOKED.

SIGNATURE: _____

PARENT OR LEGAL GUARDIAN INFORMATION

PLEASE PRINT PARENT OR GUARDIAN INFORMATION IF APPLICANT IS UNDER 18 YEARS OF AGE.

NAME: _____
Last Name First Name Middle Name

MAILING ADDRESS: _____
(if different from minor's address) Address Apt./Space # City State Zip Code County

BIRTH DATE: _____ / _____ / _____ PHONE #: _____
Month Day Year

DRIVER'S LICENSE NUMBER: _____
(or California ID)

PLEASE READ AND SIGN:
I HAVE GIVEN PERMISSION FOR THE MINOR LISTED ON THIS APPLICATION TO RECEIVE LIBRARY PRIVILEGES.

I AGREE TO BE RESPONSIBLE FOR ALL MATERIALS BORROWED BY THE MINOR WITH THIS CARD AND FOR ALL FINES INCURRED, INCLUDING CHARGES FOR LATE, LOST AND DAMAGED MATERIALS.

I UNDERSTAND THAT I AM TAKING RESPONSIBILITY TO ENSURE THAT THE MINOR WILL FOLLOW ALL LIBRARY RULES OF BEHAVIOR, AND THAT IF HE OR SHE CHOOSES NOT TO COMPLY WITH THESE RULES, HIS/HER LIBRARY PRIVILEGES MAY BE SUSPENDED OR REVOKED.



SIGNATURE: _____

Barcode #: _____ Date: _____ Initials: _____



Stanislaus County Library Card Application

We are happy that you have chosen to apply for a Stanislaus County Library card. Please print neatly and complete the other side of this form, following the instructions below.

IF YOU ARE 18 YEARS OF AGE OR OLDER:

- ✓ Please fill out the **application** form completely.
- ✓ You must **show photo identification** in order to receive a library card. The following forms of identification may be used:
 - **California ID**
 - **California Driver's License**
 - **Student ID**
- ✓ You must **show verification of your current address**. Some examples are:
 - **Current utility bill (postmarked within 30 days)**
 - **Lease, rental agreement or rent receipt showing address (dated within 30 days)**
 - **Current Post Office Box receipt**
 - **Mail that has been sent to you at your current address (postmarked within 30 days)**

IF YOU ARE UNDER THE AGE OF 18:

- ✓ Please fill out the top portion of the application with **your information**. The bottom section must be completed with **parent or legal guardian information**.
- ✓ You must **show photo identification** to obtain a library card. Your parent or guardian may show his or her photo identification. Or, if you have identification, along with proof of your current address, then you may use your own. In all cases, a parent/guardian signature is required.

IF YOU ARE VISITING STANISLAUS COUNTY:

- ✓ If you are visiting Stanislaus County, or are residing here temporarily, you may apply for a Stanislaus County Library card. On your application, **please list both your local and permanent addresses**.

LIBRARY CUSTOMERS, PLEASE NOTE:

It is your responsibility to notify the library immediately if you change your name or address. There is no charge for changing information, and you may continue to use the same library card.

If you lose your library card, please notify the library immediately, so that we can prevent unauthorized use of your library card account.