El Dorado County Library

LIBRARY CARD APPLICATION

APPLICANT

Last Name | First Name | M.I.

IDENTIFICATION NUMBER (Driver's License, California ID, Passport, etc.)

HOME TELEPHONE NUMBER - -

WORK OR CELL PHONE NUMBER - -

MAILING ADDRESS

Street Number or P.O. Box Number | Street Name | Apartment Number

City | State | Zip Code

E-MAIL ADDRESS_____

BIRTHDATE - -

Month | Day | Year

MALE ☐ **FEMALE** ☐

UNDER 18 ☐ **Yes*** ☐ **No**

***PARENT OR LEGAL GUARDIAN FOR APPLICANT UNDER THE AGE OF 18**

Last Name | First Name | M.I.

PARENT OR LEGAL GUARDIAN IDENTIFICATION NUMBER (Driver's License, California ID, Passport, etc.)

PARENT OR LEGAL GUARDIAN ADDRESS

Street Number or P.O. Box Number | Street Name | Apartment Number

City | State | Zip Code

SIGNATURE OF APPLICANT (*OR PARENT/GUARDIAN FOR PERSONS UNDER 18 YEARS OF AGE)

- I accept responsibility for the selections I make for myself and selections made by my children.
- I agree to obey the rules and regulations of the El Dorado County Library and to be responsible for all materials borrowed, and for all charges incurred for any overdue, lost, or damaged materials borrowed with this card, and know the library may use a collection agency to ensure the return of materials and the payment of fines and fees.
- I agree to notify the library of changes in address or email addresses, telephone number, and name, or if this card is lost or stolen. I understand that I am responsible for charges on it until the date that the library is notified of its loss or theft.

Signature:_____ **Date:**_____

Library card applications are shredded after the information has been entered into the system.

Staff Use Only: Staff Initials: Date: Ready to shred:

Barcode 21738 _____ _____ _____