



MADERA COUNTY LIBRARY CARD APPLICATION

A picture ID and proof of your address is required.

Who is the library card for?

1) NAME (LAST): _____, (FIRST): _____ (M) _____

2) Mailing Address: _____ Apt: _____

3) City, _____ State _____

4) Zip Code: _____

5) E-mail address _____

6) Birth date _____

7) Phone: Home _____ Work: _____ Cell: _____

8) Driver's license number _____

If the name on line 1 is a child, who is signing for them ?

9) NAME (LAST): _____, (FIRST): _____ (M) _____

Your birth date _____

10) Street Address (If line 2 is a PO Box):

Street: _____ City, State: _____ Zip _____

Statement of Responsibility: By signing below, I agree to return all library materials on or before their due date. I accept financial responsibility for all transactions that take place on this card, and agree to pay for overdue fines and charges for damaged or lost items. I understand that unpaid charges which will be sent to a collection agency, and that collection fees will be added to the outstanding balance. I also agree to report promptly to the library, the loss of this card, or any changes to my name, address and telephone number.

A Library card is like credit card. Keep it safe!

SIGNATURE _____

DATE: _____

Barcode: _____ Initials _____
