



# LIBRARY CARD APPLICATION

## Santa Barbara Public Library System

**APPLICANT**

*Library Use ONLY:*  Internet Card  Library Card

Name: \_\_\_\_\_  
Last First Middle

Age Group:  1-12  13-17  18 and older Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Parent or Legal Guardian Name for minors under 18: \_\_\_\_\_

Driver's License or Government Issued Photo ID: \_\_\_\_\_ State \_\_\_\_\_

If under 13, DL or ID# of parent/guardian is required and parent/guardian must be present.

### ADDRESS and CONTACT INFORMATION

Preferred Telephone # \_\_\_\_\_

Additional Telephone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This is my permanent address

This is my temporary address

Home Address (If different from above): \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### NOTIFICATIONS

I would like to receive notices about my account (overdue items, when materials on hold become available, etc):

Select only ONE option:

by email  by automated phone message  by email & text (Carrier: \_\_\_\_\_)

I would like to receive notices in:  English  Spanish

I would like to receive the Library's monthly e-newsletter

### SIGNATURE AND TERMS OF AGREEMENT

I agree to be responsible for materials borrowed with this card, for loss and damage of materials, and for fines and fees incurred. I will report a lost card promptly and understand that I am responsible for all items checked out on this card until I have reported the card lost or stolen. Abuse of these requirements may result in suspension of library check out privileges and/or referral to a collection agency.

Parent or Legal Guardian Signature for minors under 13: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Library use only*

New  Replacement Account# \_\_\_\_\_ STAFF: \_\_\_\_\_