

Staff Initial's _____ Date _____ Card # _____

Amargosa Valley Public Library

Application for library card

LAST NAME		MI	FIRST NAME	
MAILING ADDRESS			APT#	
CITY		STATE	ZIP CODE	
PHYSICAL ADDRESS (if different from above)				
DATE OF BIRTH / /		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
TELEPHONE	<input type="checkbox"/> HOME OR <input type="checkbox"/> CELL		CAN WE TEXT YOU? YES <input type="checkbox"/> NO <input type="checkbox"/>	
CIRCLE CHILDS GRADE K 1 2 3 4 5 6 7 8 HS			EMAIL ADDRESS	
I AGREE TO BE RESPONSIBLE FOR ALL MATERIALS CHARGED ON MY LIBRARY CARD; TO RETURN MATERIALS PROMPTLY; AND TO OBEY ALL LIBRARY RULES. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY LOST OR DAMAGED MATERIALS. I WILL NOTIFY THE LIBRARY OF ANY CHANGES OF INFORMATION.				
SIGNATURE OF APPLICANT _____				
FOR PARENT/GUARDIAN OF MINOR APPLICANT				
FIRST NAME OF PARENT/GUARDIAN			LAST NAME OF PARENT/GUARDIAN	
THIS LIBRARY CARD ENTITLES YOUR CHILD TO COMPLETE ACCESS OF ALL MATERIALS OF THE AMARGOSA VALLEY PUBLIC LIBRARY. I ASSUME THE RESPONSIBILITY FOR ALL MATERIALS BORROWED BY THIS CHILD.				
SIGNATURE OF PARENT _____				
BY WHICH METHOD WOULD YOU LIKE TO RECEIVE NOTIFICATIONS REGARDING YOUR CHILDS ACCOUNT? <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email				