

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"/>
<input type="checkbox"/> AMARGOSA RESIDENT <input type="checkbox"/> WINTER RESIDENT <input type="checkbox"/> OTHER	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 _____		

BY WHICH METHOD WOULD YOU LIKE TO RECEIVE NOTIFICATIONS REGARDING YOUR ACCOUNT?

Phone Text Email

WOULD YOU LIKE TO RECEIVE MONTHLY NEWSLETTERS THAT INCLUDE EVENTS HELD BY THE LIBRARY?

NO YES IF YES HOW?

Phone Text Email

ARE YOU INTERESTED IN ELECTRONIC MATERIALS?

NO YES