DEL NORTE COUNTY LIBRARY DISTRICT
APPLICATION FOR BORROWER'S CARD
(PLEASE PRINT)

_____
Name (First Middle Last)

_____
Address

_____
City State Zip code

Phone Number _____ Date of Birth _____/_____/_____

Previous Names _____

Email address (please print clearly) _____
Would you like to subscribe to our electronic newsletters and announcements? ☐ Yes ☐ No

Home Address (if different from mailing address)

_____
Number Street Apt or space #

_____C
ity State Zip code

If applicant is under the age of 18, complete the following:

Name of Parent/Guardian _____

Relationship to Applicant _____

Signature of Parent/Guardian _____ Date _____

By signing below, I agree to be responsible for all materials borrowed using my library card. If my card is lost or stolen, I will be responsible for anything borrowed on the card until I report the loss. I will pay for any lost or damaged materials and will pay fines for items returned late. I will notify the library immediately if I change my address or phone number. I agree to abide by all rules and regulations of the library.

Signature _____ Date _____

ID Type _____ Number _____ Staff Initials _____
Address Verification: ☐ Mail ☐ Photo ID ☐ Printed checks ☐ Rent Receipt ☐ Other

Card Number 29149000 ___ ___ ___ ___ ___ ___
Staff: Because we no longer use mail for overdues, patrons must list a phone number or email address.