

Library Card Application

For Staff Use Only:		
Barcode #:		
Pin #:		
Staff Initials:		
ID Ver? Address Ver?		

PLEASE PRINT and FILL IN FORM COMPLETELY

Last Name:	First Name:	MI:
Telephone: ()		_
Identification Type: California Driver's License	e: California ID: Other:	
ID Number:		
Birth Information: Month:	Day: Year:	-
Gender Identity: Female:	Male: Other/Prefer Not to Answe	r:
Age: □ 18 – 59 Ethn □ 60+	ic Category:	Hispanic Native American Other
MAILING ADDRESS		
Address:	City:	
State: Zip:	County:	<u> </u>
·	nse or ID is required to verify the address. Add tion is not up to date. If proof of address is una	•
INCLUDE AN EMAIL below if you like to receive library notification	u would like access to electronic resources suns via email.	ch as e-books or if you would
Email Address:		
SIGNATURE OF APPLICANT		
or damaged materials bori	for all materials borrowed, including all charges in rowed with this card. If you to update my account in the event of changes	-

- I agree to notify the Tuolumne County Public Library if my library card is lost or stolen.