

SARASOTA COUNTY PUBLIC LIBRARIES
Library Card Application

PLEASE PRINT CLEARLY

BIRTH DATE (mm-dd-yyyy)		TODAY'S DATE
LAST NAME	FIRST NAME	MIDDLE NAME
PREFERRED LAST NAME <i>(if applicable)</i>	PREFERRED FIRST NAME <i>(if applicable)</i>	PHONE
LOCAL RESIDENCE ADDRESS		APT NO.
CITY	STATE	ZIP CODE
COUNTY	EMAIL ADDRESS <i>(minors, give parent/guardian's email address)</i>	
MAILING OR PERMANENT ADDRESS <i>(if different than above)</i>		APT NO.
CITY	STATE	ZIP CODE
COUNTRY		
FOR PARENT/GUARDIAN OF MINOR APPLICANT (Under age 18)		
LAST NAME OF PARENT/GUARDIAN		FIRST NAME OF PARENT/GUARDIAN

PLEASE READ BEFORE SIGNING:

I verify that the above information is correct. I am aware that by signing this application, I assume responsibility for all use of this card, including internet usage and internet use policies. I agree to pay replacement charges for any materials not returned, lost, damaged or stolen on this account. I agree to report immediately the loss of this card; otherwise, the library will assume its use to be authorized by me. The fees for three-, six- or twelve-month non-resident library cards are non-refundable. Sarasota County Public Libraries has an open access policy. Parents or guardians, not library staff, are responsible for library materials and Internet resources selected and used by children.

SIGNATURE OF APPLICANT	
SIGNATURE OF PARENT/GUARDIAN <i>(if applicable)</i>	DATE

Are you registered to Vote? Ask for a Voter Registration Application at the desk.

INTERNAL USE ONLY	
Patron Barcode	Staff Initials
Replaces Barcode	Date