



MADERA COUNTY LIBRARY CARD APPLICATION

A picture ID and proof of your address is required.

1) THIS CARD IS FOR:

NAME (LAST): _____, (FIRST): _____ (M) _____

Mailing Address: _____ Apt: _____ Home Phone: _____

City, State: _____ Zip Code: _____ Work Phone: _____ Cell Phone _____

2) Complete the following information for the person responsible for this card. If applying for a child's card, enter the parent/legal guardian's information below and complete section 3.

Birth Date: ____/____/____ Drivers License or CID# _____ E-Mail _____

3) If this is a child's card, please enter: Child's Birth Date: ____/____/____

Parent/ Guardian name (Please Print): _____

Mother Father Legal guardian

4) Residence Address (Only if different from mailing address above):

Street: _____ City, State: _____ Zip: _____

Statement of Responsibility. By signing below, I agree to return all library materials on or before their due date. I accept financial responsibility for **all** transactions that take place on this card, and agree to pay for overdue fines and charges for damaged or lost items. I understand that unpaid charges which will be sent to a collection agency, and that collection fees will be added to the outstanding balance. I also agree to report promptly to the library, the loss of this card, or any changes to my name, address and telephone number.

SIGNATURE _____ **DATE:** _____

If you want a pin number for online internet access from home, please enter 4 numbers: ____/____/____/____

Please keep your card in a safe place, if you lose it and someone else uses it, it could cost you a lot of money.

Bar Code: _____ Initials _____