LIBRARY CARD APPLICATION

We are happy to issue you a County of SLO Library card upon completion of this application and presentation of a current photo ID showing a County address. If the photo ID does not show the current SLO County address, other proof of local address is required.

Applicant Name: Last __________________________ First ___________________ Middle Initial ________

Mailing Address: ______________________________________________________________

City: _____________________________________________ State: __________ Zip Code: __________

Local Address (if different from above): ________________________________________________

City: _____________________________________________ State: __________ Zip Code: __________

Main Telephone Number: (_____) _______ - ________

Email Address: ___________________________________________________________________

I would like to receive notices about my account (overdue items, holds available for pick up, etc.) via:

(Check one) ☐ Automated Email ☐ Automated Phone Message

I would also like the above notices sent via TXT message: (_____) _______ - ________ Carrier: __________________________

I would like emailed E-Receipts for items borrowed, renewals, and fine payments: ☐ Yes ☐ No

Birth Date: Month __________ Day ______ Year ______

Age Group (Check one): ☐ 0 – 12 ☐ 13 – 17 ☐ 18 and older

(A parent/legal guardian of a child under 13 is required to be present and sign this application for their child to obtain a card.)

Parent/Legal Guardian: ____________________________________________________________

Driver’s License or Government Issued Photo ID Number: __________________________________

SIGNATURE AND TERMS OF AGREEMENT

I agree to be responsible for materials borrowed with this card, for loss and damage of materials, and for fines and fees incurred. I understand that notices from the library regarding overdue items, fines or holds available are a courtesy. I will report a lost card promptly and understand that I am responsible for all items checked out on this card until I have reported the card lost or stolen. Abuse of these requirements may result in suspension of Library borrowing privileges and/or referral to a collection agency. By law, the Library protects the confidentiality of all borrower records (CA Government Code, Section 6267).

Applicant Signature: ____________________________________________ Date: ______________

Parent/Legal Guardian:

I understand that my child will have unrestricted access to all Library resources, including all electronic, print, and recorded materials. I understand that the Library provides access to the internet on its computers and that the Library assumes no responsibility for anyone’s use of the internet at the Library. I understand it is the parent/guardian’s responsibility to guide, control, and monitor a child’s selection and use of Library materials and resources, including the internet. I agree to be responsible for all resources and materials used and borrowed with this card, for loss and damage of materials, and for fines and fees incurred.

Signature of Parent/Legal Guardian: ____________________________________________ Date: ______________

STAFF USE ONLY

Barcode: ☐ Adult ☐ Teen ☐ Juvenile ☐ Temporary

Date: __________ Branch: __________________ Registered by: __________________ Checked by: __________________

Local Address Verification: