

Nevada County Library **CARD APPLICATION**Please **PRINT** in **INK**

ADULT 18+ yrs Fill out PART 1 ONLY CHILD 5-17 yrs Fill out PARTS 1 & 2

NAME (ADULT APPLIC	ANT or PARENT/	PART 1		
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LAST		FIRST		MIDDLE
MAILING ADDRESS	;	FINST		WIIDDLE
NUMBER	STREET			APT/SPACE#
CITY		STATE	ZIP	COUNTY
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NOMBER	SIREEI			•
CITY		STATE	ZIP	COUNTY
PIN#	Driver's Li	icense/Photo I.D	•	
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PHONE #		BIRT	HDATE	
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i would like to	rieceive notii	ilcations via text	illessage.	
MOBILE SERVICE F	ROVIDER:			
EMAIL ADDRESS _				
•	•	ity for all fine		•
materials l	ost or dama	iged while boi	rowed on	this card.
SIGNATURE				
Sidivitorie				
		PART 2		
CHILD'S NAME			DIDTURAT	E
CHILD'S NAME			BINI HUAII	<u> </u>
	BORROWER TYPE	INITIALS	DATE	



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CHILD 5-17 yrs Fill out PARTS 1 & 2

	MIDDLE	
	APT/SPACE#	
ZIP	COUNTY	
	APT/SPACE #	
ZIP	COUNTY	
BIRTHDATE		
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BIRTHDATE		
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