



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

PART 1

NAME (ADULT APPLICANT or PARENT/GUARDIAN)

LAST FIRST MIDDLE

MAILING ADDRESS

NUMBER STREET APT/SPACE #

CITY STATE ZIP COUNTY

HOME ADDRESS (if different than mailing address)

NUMBER STREET APT/SPACE

CITY STATE ZIP COUNTY

PIN # _____ **Driver's License/Photo I.D.** _____
Identify state or Passport if not CA D.L.

PHONE # _____ **BIRTHDATE** _____

I would like to receive notifications via text message.

MOBILE SERVICE PROVIDER: _____

EMAIL ADDRESS _____

I accept responsibility for all fines incurred and for materials lost or damaged while borrowed on this card.

SIGNATURE _____

PART 2

CHILD'S NAME _____ **BIRTHDATE** _____

Card # _____ BORROWER TYPE _____ INITIALS _____ DATE _____



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