



WATSONVILLE PUBLIC LIBRARY LIBRARY CARD APPLICATION

Valid Picture ID and proof of residence is required

Please print

Name _____
Last First Middle Name

Mailing Address _____
Street / P.O. Box Apt/unit/room
_____ City State Zip code County

Phone () _____ - _____ **Cellphone** () _____ - _____

Birth Date _____ **Gender :** Male Female Decline to State / Other
(Please circle)

Home Address _____
(if different from above) Street Apt/Unit/Room
_____ City State Zip Code County

E-mail Address _____

Sign me up for **Internet** access.
For **Children under 12**: a parent or legal guardian must be present to sign the Internet agreement form.

I accept responsibility for all items checked out on my card and agree to pay for any items lost or damaged, fees and fines. I agree to report a lost or stolen card immediately, to inform the library of any changes to my contact information; follow all Library policies and Rules of Conduct.

➔ **Signature** _____

FOR APPLICANTS BETWEEN THE AGES OF 4 – 11 YEARS OLD

Library policy provides equal access to materials and resources, including the Internet, to people of all ages. It is the parent's responsibility to monitor the selection and use of library materials and resources.

As the parent or guardian, I accept responsibility for all items checked out on my child's card and agree to pay for lost or damaged materials, fines and fees.

Father's Name _____ **Mother's Name** _____

Signature of Parent/Guardian _____

Staff Use Only:

Barcode # _____ **Date/Initials** _____

