

ANACORTES PUBLIC LIBRARY

LIBRARY CARD APPLICATION - ADULT/JUVENILE

PLEASE PRINT

Name _____
Last First Middle

Mailing Address _____

City _____ State _____ Zip Code _____

Home Address _____
(If different from above)

City _____ State _____ Zip Code _____

Primary Phone# _____
_____ HOME
_____ CELL Birth Date (required) _____

E-mail _____

** I understand that I am responsible for all items that are checked out on this account, and that I will be billed for damaged and non-returned items per RCW 19.16.500

Signature _____ Date _____

If above applicant is under the age of 18, parent/guardian is required to sign below as the responsible party

Parent/Guardian _____
Last First Middle

Signature _____ Date _____

Library Use Only - BC#	DL/ID #	Initials	Note(s)
------------------------	---------	----------	---------