Santa Rosa County Library Card Application

☐ **Resident** ☐ **Temporary Resident (at least 3 months)**

☐ **Replacement ($3)** ☐ **Non-resident ($50 annual fee)**

Photo ID and two forms of address verification are required. Please print.

Name_____
Last First Middle Name

Santa Rosa County Mailing Address _____
(If under 18, Parent/Guardian information required)

If PO Box please add street address (required)_____

City_____State_____Zip_____

Home Phone_____Cell Phone Number & Carrier _____
(If under 18, Parent/Guardian information required) (If under 18, Parent/Guardian information required)

Email Address_____
(If under 18, Parent/Guardian information required)

Please fill out this section if you are a Non-resident or a Temporary Resident.

Out-of-State Mailing Address: _____

City_____State_____Zip_____

Effective Dates for Local Address if applicable: From_____/_____/_____ To_____/_____/_____
Month Day Year Month Day Year

Please fill out this section if you are a minor (under 18). Parent/Guardian ID and signature required for youth under 18.

Minor's Birthdate: _____/_____/_____
Month Day Year

Parent/Guardian Name _____
Last First Middle Name

Please read before signing: I verify that the information above is correct. I agree that by signing this application, I assume responsibility for all use of this card, including Internet usage. I accept responsibility for all materials borrowed on this card. I agree to observe all library rules, to pay all charges, and to notify the library of any changes to my contact information.

- I understand that I am responsible for my child and his/her use of all library materials including the Internet.

_____ _____
Applicant Signature If under 18, Parent/Guardian Signature Required

Would you like to:

Register to vote	**Yes**	**No**	**Receive text messages (library notices)**	**Yes**	**No**
Receive emails about library events	**Yes**	**No**	**Learn about Friends of the Library**	**Yes**	**No**

You may change your notification options by contacting your local library.