

VIP LIBRARY CARD APPLICATION
SANTA BARBARA PUBLIC LIBRARY SYSTEM

Please print

First Name _____ Middle Initial _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number (daytime) _____ (evening) _____

Age Group: 1-12 13-17 18 and older

Birth Date: Month _____ Day _____ Year _____

Driver's License or Gov. Issued ID number: _____

When possible I prefer to receive library correspondence by Email Telephone US Mail

My email address is (use when email is preferred choice): _____

Please read and sign: I AGREE TO BE RESPONSIBLE FOR MATERIALS BORROWED WITH THIS CARD AND FOR FINES AND FEES INCURRED, INCLUDING CHARGES FOR LOST AND DAMAGED MATERIAL.

Signature _____

PATRONS UNDER AGE 18 AND TEMPORARY RESIDENTS PLEASE FILL OUT REVERSE SIDE

Temporary Resident (student or seasonal visitor) please print your permanent address:

P.O. Box or Street _____

City _____

State _____ Zip Code _____

Patron under age 18, please print the name of your parent or guardian:

First name _____ Middle Initial _____ Last Name _____

Parent/Guardian Driver's License or Gov. Issued ID number _____

Parent/Guardian of patron age 1-12, please read and sign: I AGREE TO BE RESPONSIBLE FOR MATERIALS BORROWED BY THE ABOVE NAMED MINOR AND FOR FINES AND FEES INCURRED, INCLUDING CHARGES FOR LOST AND DAMAGED MATERIAL.

Parent/Guardian Signature _____

Rev. 9/04 New Replacement Date: _____ Staff Initials _____

VIP version