THE SANTA FE PUBLIC LIBRARY
APPLICATION FOR A CHILD'S LIBRARY CARD

☐ I LIVE IN THE CITY LIMITS OF SANTA FE ☐ I LIVE OUT OF THE CITY, BUT INSIDE SANTA FE COUNTY ☐ I LIVE ELSEWHERE

BIRTHDAY: MONTH DAY YEAR

APPLICANT

LAST NAME FIRST NAME INITIAL

MAILING ADDRESS

CITY STATE ZIP CODE

AREA CODE PHONE E-mail Address

PARENT OR GUARDIAN

IF UNDER 13 YEARS OF AGE, THIS SECTION MUST BE COMPLETED BY PARENT OR GUARDIAN.

LAST NAME FIRST NAME INITIAL

By signing this form, I accept responsibility for all library materials checked out with this card, and for all fees that may be incurred by using this card.

AREA CODE PHONE

PARENT'S OR GUARDIAN'S SIGNATURE IF APPLICANT IS UNDER 13 YRS OF AGE

FOR LIBRARY USE ONLY

LIBRARY CARD NUMBER:_____ DATE:_____ STAFF INITIALS:_____ ID:_____ LIB013a.pmd-5/06