MARIPOSA COUNTY LIBRARY CARD APPLICATION – ADULT

PLEASE PRINT

Name _____
LAST **FIRST** **MIDDLE**

Mailing Address _____

Street Address _____ Apt/Space# _____

City _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Email Address _____

Driver's License Number _____ Date of Birth _____

4–Digit PIN (Personal Identification Number): ___ ___ ___ ___

RESPONSIBILITY: The holder of this library card is responsible for all library materials checked out on this card. The holder of this card agrees to pay all fines and make good on all charges for lost or damaged materials.

SIGNATURE: _____