

GONZALES PUBLIC LIBRARY CARD APPLICATION

Name: _____ DOB: _____
Last First Middle/Maiden

Mailing Address: _____
Street/ P.O. Box City State Zip Code

Physical Address: _____
Street City State Zip Code

Cell Phone: (_____) _____ Home Phone: (_____) _____

Email (Optional): _____

Valid Driver's License/I.D. No.: _____

How would you like to be contacted? Please circle one of the following for each. (Note: Standard text messaging rates apply.)

Overdue Notice:	Email	Text	Cell Phone	Home Phone
Reserve Pickup:	Email	Text	Cell Phone	Home Phone
Due Date Warning:	Email	Text		
Checkout receipt:	Email			

Signature or Parent/Guardian (if under 18): _____

Notice: By signing this form you are agreeing to the following:

- You are responsible for any fine or fees incurred on your card.
- You are responsible for reporting any change of personal information.
- You are responsible for all materials checked out to your card.
- You are responsible for reporting the loss or theft of your library card.