

Dallas Public Library

Library Card Registration

Applicant Name First _____ Middle _____ Last _____

Applicant Birthday ____/____/____ *Choose a PASSWORD _____
*(Must include at least 1 number & 1 lowercase letter) 4-25 character limit

(If minor) Parent/Guardian Name(s) First _____ Last _____

Street Address _____ City _____ Zip _____

Mailing or P.O. Box (if different) _____ City _____ Zip _____

Email _____

Home Phone # _____ - _____ - _____

Cell Phone # _____ - _____ - _____ (For text notifications)

STAFF ONLY	<input type="checkbox"/> OUT	
<input type="checkbox"/> U/P	<input type="checkbox"/> LLT	<input type="checkbox"/> UPDATE
<input type="checkbox"/> ID Verified	Initials _____	
BC# 236100 _____		

- ◆ This form must be signed by applicant or parent/legal guardian if under 16.
- ◆ Lost or stolen cards should be reported immediately.
- ◆ Signer is responsible for all charges on this account.

x _____ x _____
Signature of Applicant or Parent/Legal Guardian Date

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