St. Lucie County Library System
Library Card Application

Photo identification and proof of address are required for all registrations. If you are 15 years of age or under, your Responsible Adult must fill out and sign the application form.

Please Print

Date _____ Adult ___ Child ___ Non-Resident ($25) ____ College Student ____

Last Name First Name Middle

Mailing Address City County State Zip Code

Telephone Driver's License/Other ID

E-mail _____@_____ Date of Birth _____ / _____ / _____
M D Y

Permanent Mailing Address (if different from above) City County State Zip Code

Preferred language for messages from the Library: English ____ Español ____ Français ____

Preferred PIN (up to 10 characters, numbers, upper- and lower-case letters): _____

I agree to abide by library rules regarding behavior, public computer use and borrowing materials. I agree to pay for any loss of or damage to library materials and to pay for overdue fines accumulated on this card. I understand I am responsible for notifying the library in case of loss or theft of this card. Failure to do so will result in my being held liable for materials on this card and for fines incurred on the card. I also agree to inform the library of any street address or e-mail changes or change in the status of Responsible Adult.

Your Signature _____

Signature of Responsible Adult _____ Print Name _____
(If applicant is 15 years of age or younger. **All information below is for the responsible adult**.)

Relationship to child _____ Library Card # (if you have one) _____

Mailing Address City County State Zip Code

Telephone Driver's License/Other ID

E-mail _____@_____ Date of Birth _____ / _____ / _____
M D Y

For Staff Use Only

KB __ HB __ LB __ LWP __ MS __ PSL __ PRUITT __ Staff Initials _____

7/17/23