

Seguin Public Library Card Application

Applicant's Name: _____ Date of Birth: _____

IF Applicant is a Minor - Name of Parent/Guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical/Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email (optional): _____

Do you reside within the Seguin city limits? Please circle. **YES** **NO**

Do you reside in Guadalupe County? Please circle. **YES** **NO**

How would you like to be contacted? *Please circle **one** of the following.

Note: For text messaging notification, standard text messaging rates apply.

Overdue notice:	Home Phone	Cell Phone	Text	Email
Reserve pickup:	Home Phone	Cell Phone	Text	Email
Due date warning:	Text	Email		
Email Checkout Receipt:	Yes	No		

 Applicant Signature Parent/Guardian Signature Date

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

Please initial

If also applying for Children fill below:

Name:	Date of Birth:	Card Number:
_____	_____	4050900_____
_____	_____	4050900_____
_____	_____	4050900_____
_____	_____	4050900_____

**If needed use the back to write additional names.

Please initial

FOR STAFF USE ONLY:

Identification # _____ Type of ID _____ Source Of Address Verification _____

Library Card Number 4050900 _____

Card Type	Residency Status	NONRESIDENT CARDS: Have you collected the \$25.00 fee?
_____ Adult	_____ Resident	_____ Yes
_____ Juvenile	_____ Nonresident	_____ No

Receipt # _____ Staff Initials & Date _____