

Pueblo City-County Library District
Minor Library Card Application

Print _____

Last Name

First Name

Middle Name

Street Address _____

Mailing Address (P.O. Box) _____ City _____

Zip _____ Email _____

Phone () _____ Birth date (mm/dd/yr.) ____ / ____ / ____

Notify me of available items, overdue items and library events by:

_____ email, _____ phone

By applying for a library card you are agreeing to the provisions set forth on the back of this card. Please read before signing.

Minor Signature _____

Print Parent/Guardian Name _____

Parent/Guardian Signature _____