

Card Number _____

Date of Issue _____ Expiration Date _____

(For library use only)

(PLEASE PRINT) Applicant's Name _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Date of Birth: Month _____ Day _____ Year _____ Sex _____

Employer _____

Employer's Address _____

City _____ State _____ Phone _____

I apply for the right to use the Library and agree to comply with all its rules. To pay fines or damages charged to me promptly and to give immediate notice of change in my address.

Signature of Applicant _____

(A copy of a valid Nevada ID is attached)