



Library Card Application Adult

Date of Birth: _____

Name (Last, First M): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ DL or ID #: _____

Email: _____

**Email is only used to offer reminders about due dates, billing, and when materials are available for pick up.*

By signing this document, you agree to comply with the policies of the Humboldt County Library and agree to pay any fines associated with lost or damaged materials.

Signature: _____

For Library Use:

New Express Update Mail

Barcode: _____

Initials: _____ Date: _____

Notes: _____