

IMPERIAL COUNTY FREE LIBRARY

COUNTY EMPLOYEE LIBRARY CARD APPLICATION

Please complete the application and email back to: imperialcountylibrary@co.imperial.ca.us
Fields with * are required.

Name* _____
First Middle Last

Mailing Address* _____
Number and Street

City State Zip

Telephone* (____) _____ - _____ Please check one: Cell phone Home phone

Would you like to receive text notifications at this phone number? Yes No

Work E-mail* _____

Would you like to receive email notifications at this email address? Yes No

Personal E-mail _____

Would you like to receive email notifications at this email address? Yes No

Date of Birth* ____ / ____ / ____ Driver's License/ID Number* _____

County Department* _____

I agree to follow all library rules, to promptly pay all charges for lost and damaged materials, and to give immediate notice of any change of address or loss of library card. I understand that I am responsible for all materials checked out on this card and that I am the only authorized user of this card.

Signature _____ Date _____

For Office Use Only

Barcode _____ Member Type: Adult Preschool Juvenile YA Teacher Institution

Preferred Branch Location _____ Staff Initials _____ Date _____