

Salt River Tribal Library Library Card Application

First Name _____ Middle Initial _____ Last Name _____

Preferred Name: _____

SRID of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

If applying for Minors:

Minor's Date of Birth: _____

Parent/Guardian Name(s) _____

By signing, I understand and agree to the following:

- To present my library card each time I check out library materials
- accept responsibility for materials borrowed and agree to **pay all costs and/or service charges** for materials lost/damaged.
- to abide by the policies of the Salt River Tribal Library, including use of computers policies.
- That failure to follow library policy may result in suspension of my library privileges.

Signature: _____

For staff use only: Tribal I.D. Mailing Address Envisionware

Patron #: _____ Expiration: ____/____/____

Print Staff Name: _____ Date _____