



Pasco County Library Cooperative Registration Form

0-15 (Juvenile) 16+ (Adult) Nonverified

Last Name:

First Name & Middle Initial:

Date of Birth (mm/dd/yyyy):

Address:

City:

State: Zip:

County:

Phone: () -

E-Mail:

Required if local mailing address is a P.O. Box

Alternate Address:

City:

State: Zip/Postal Code:

County:

Parent/Guardian info if applicant is under 16:

Last Name: First Name:

How should we communicate with you?

E-Mail Text Messages: () -

Who is your phone provider?

Verizon AT&T T-Mobile Other:

Which language do you prefer for these communications?

English Spanish

May we e-mail you about library programs and events?

Yes No

For Library use only

Card #:



Pasco County Library Cooperative Registration Form

0-15 (Juvenile) 16+ (Adult) Nonverified

Last Name:

First Name & Middle Initial:

Date of Birth (mm/dd/yyyy):

Address:

City:

State: Zip:

County:

Phone: () -

E-Mail:

Required if local mailing address is a P.O. Box

Alternate Address:

City:

State: Zip/Postal Code:

County:

Parent/Guardian info if applicant is under 16:

Last Name: First Name:

How should we communicate with you?

E-Mail Text Messages: () -

Who is your phone provider?

Verizon AT&T T-Mobile Other:

Which language do you prefer for these communications?

English Spanish

May we e-mail you about library programs and events?

Yes No

For Library use only

Card #:



Pasco County Library Add Another Member

For Additional Members of the Same Household, complete the info below if different from primary applicant's:

0-15 (Juvenile) 16+ (Adult) Nonverified

Name: _____

Date of Birth (mm/dd/yyyy): _____

Phone: _____

E-mail: _____

0-15 (Juvenile) 16+ (Adult) Nonverified

Name: _____

Date of Birth (mm/dd/yyyy): _____

Phone: _____

E-mail: _____

0-15 (Juvenile) 16+ (Adult) Nonverified

Name: _____

Date of Birth (mm/dd/yyyy): _____

Phone: _____

E-mail: _____

0-15 (Juvenile) 16+ (Adult) Nonverified

Name: _____

Date of Birth (mm/dd/yyyy): _____

Phone: _____

E-mail: _____



Pasco County Library Add Another Member

For Additional Members of the Same Household, complete the info below if different from primary applicant's:

0-15 (Juvenile) 16+ (Adult) Nonverified

Name: _____

Date of Birth (mm/dd/yyyy): _____

Phone: _____

E-mail: _____

0-15 (Juvenile) 16+ (Adult) Nonverified

Name: _____

Date of Birth (mm/dd/yyyy): _____

Phone: _____

E-mail: _____

0-15 (Juvenile) 16+ (Adult) Nonverified

Name: _____

Date of Birth (mm/dd/yyyy): _____

Phone: _____

E-mail: _____

0-15 (Juvenile) 16+ (Adult) Nonverified

Name: _____

Date of Birth (mm/dd/yyyy): _____

Phone: _____

E-mail: _____