



Pasco County Library Cooperative Registration Form

Revised 12/2025

- ☐ **Full Access Library Card (Ages 16+)**
Access to the entire Library collection
- ☐ **Non-Verified Library Card (Ages 16+)**
Checkouts are limited to 2 books or magazines at a time
- ☐ **Child Library Card (Ages 0-15)**
Limited access to: Juvenile collection and school-required reading; parent/guardian required for sign up
- ☐ **Full Access Child Library Card (Ages 0-15)**
Access to the entire Library collection; parent/guardian required for sign up

Last Name: _____

First Name: _____ Middle Initial: _____

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

Phone: _____

Email: _____

Mailing Address: _____

City: _____ State: _____

County: _____ ZIP: _____

Required if local mailing address is a PO Box:

Residential Address: _____

City: _____ State: _____

County: _____ ZIP: _____

Parent or Legal Guardian Information if applicant is under 16

Signature of Parent or Legal Guardian

Last: _____ First: _____

Printed Name of Parent or Legal Guardian

Would you like to receive emails about library events?

☐ Yes ☐ No

Preferred language for communication?

☐ English ☐ Spanish

Would you like to register to vote or update your Pasco County voter information?

☐ Yes ☐ No

How should we communicate with you?

☐ Email ☐ Text: _____

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Additional Family Members Registration Form (Optional)

For additional household members, complete the information below if different from primary applicant's:

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Phone: _____

Email: _____

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