



# Pasco County Library Cooperative Registration Form

Revised 3/2025

- 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): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*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*

**How should we communicate with you?**

Email  Text: \_\_\_\_\_

**Which company provides your phone service?**

Verizon  AT&T  Other: \_\_\_\_\_

**Preferred language for communication?**

English  Spanish

**Would you like to receive emails about library events?**

Yes  No

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

Yes  No

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Card #: \_\_\_\_\_



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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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Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

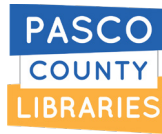
Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please note:** A signature is required on the front of this application if this family member is under 16.

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Phone: \_\_\_\_\_

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