



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 #:



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