

Patron Number: _____



Pueblo of San Felipe Community Library

Library Card Application

P.O. Box 4339

San Felipe Pueblo, NM 87001

Phone: 505-771-9970

Please print in black ink

Full name: _____
Last First Middle

Date of Birth: _____ Phone: _____

Mailing Address: _____
Street name & unit # or P.O. Box

City State Zip code

Physical Address: _____

Email Address: _____
(For Library use only. Your email will not be shared.)

I accept full responsibility for the use of this card. I will notify the Library IMMEDIATELY if there is a change in information or if this card is lost. I understand and agree to abide by the Library Policies.

Applicant Signature: _____

If applicant is under the age of 18

As the parent or legal guardian of named child, I hereby accept full responsibility for the use of this card. I will give IMMEDIATE notice to the library if there is a change of information or if this card is lost. My child and I understand and agree to abide by the Library Policies and Computer and Internet Use Policy.

Parent/Guardian Name: _____
(please print)

Parent/Guardian Signature: _____