West Florida Public Libraries
Library Card Application

WFPL

Please print clearly:

Last Name: _____   First Name: _____   Middle Initial: _____

_____ / _____ / _____
Date of Birth

_____
ID/driver's license #

Street Address: _____   Apt./ Lot# _____

City, State, Zip: _____

Secondary Address: _____

Home Phone: _____   Cell Phone: _____

Email: _____   Cell Provider: _____

How would you prefer us to contact you?   Phone ◯   Email ◯   Text ◯

Parent/Guardian Information (if under 18 years of age)

Last Name: _____   First Name: _____   Middle Initial: _____

Phone: _____   Email: _____

Parent/Guardian Library Card # _____

Borrower's Agreement

I agree to:
- Adhere to all library policies and procedures.
- Update my account whenever my address or other contact information changes.
- Notify the library immediately if my card is lost or stolen to prevent potential misuse.
- Return materials by the scheduled due date and pay all fines and fees promptly.
- Have my library card with me whenever I conduct any library transaction.

Please sign library card after reading.

By Florida Statute, all patron information is confidential and may not be seen or used by anyone other than library staff.