

Clark County Public Library Card Application

PLEASE PRINT. Applicant must provide valid photo ID and proof of permanent address.



LEGAL LAST NAME:	(JR, 9	(JR, SR, I, II, etc)	
LEGAL FIRST NAME:	FULL MIDDLE	FULL MIDDLE NAME:	
MAIDEN NAME / OTHER LAST NAME	MES:		
CITY:	STATE:	ZIP:	
MAILING ADDRESS (if different):_		APT/LOT:	
CITY:	STATE:	ZIP:	
	MOBILE CARRIER:		
HOME PHONE:	EMAIL:		
Notification options: (select 1)	PhoneEmailText Message	MAINTAIN READING	
•	u like to receive an additional text?YES	YES NO	
Send eReceipts by: (select 1) Email_	Text Both None	WOULD YOU LIKE TO	
PASSWORD (4-16 alpha-numeric characters, case	se sensitive):	LINK ACCOUNTS WITH ANOTHER PERSON?	
DATE OF BIRTH (mm/dd/yyyy)/	/ AGE:	(i.e. Aide, Family Member, Trusted Friend, Etc) (circle one) YES NO	
	rary card, I agree: wed, even if card is lost or stolen. (2) I will pay for all fir unt information immediately. (4) I will abide by CCPL's		
APPLICANT'S SIGNATURE:		DATE:	
DRIVER'S LICENSE NUMBER	/ STATE ID:		
· ·	, Credit Card) <b>PROOF OF ADDRESS:</b> (Mail, Utility Bill, Car R	Reg., Personal Ck, Ins. Card)	
JUVENILE ACCOUNT: Parent/Legal Guardian—PRINT NA	AME		
Parent/Legal Guardian DL/State	ID #I	Relationship	
	, the parent/legal guardian will be responsible u have read this statement:		
	NO—Access to Internet on Library		
	NO—Access to DVD / Blu-ray / V	ideo Games (Grade 8 & below)	
Parent's/Guardian's Signature		DATE	
CCPL is not re	esponsible for equipment damage/failure while using library n	naterials.	
Barcode: 274 0000 STAFF USE ONLY		STAFF USE ONLY	
Patron Code: Adult Juv Juv-OPLIN Ju			
NewUpdateOut of State	_BKM DemographicStaff initials	s Rev 2-2-21 PR	