



Riverside County Law Library Library Card Application

APPLICANT		
Name (Last, First)	Cell Phone	Home Phone
Address	Email Address	
Add me to your mailing list [<input type="checkbox"/>]		
Best method to contact you? Mail [<input type="checkbox"/>] Email [<input type="checkbox"/>] Cell Phone [<input type="checkbox"/>] Home Phone [<input type="checkbox"/>]		

IDENTIFICATION
Identification/Driver's License No.:
Bar No.:

AUTHORIZED BORROWERS	
Name (Last, First)	Relationship

The information that I have provided on this application is accurate and true to the best of my knowledge.	
Signed:	Date:

STAFF ONLY
Initials:
Date:
Assigned Library Card No.: