

Salt River Tribal Library

Library Card Application



First Name _____ Middle Initial _____ Last Name _____

SRID of Applicant: _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

If applying for Minors: _____

Date of Birth: _____

Parent/Guardian Name: _____ SRID: _____

Parent/Guardian Name: _____ SRID: _____

Signature: _____

By signing, I understand and agree to the following:

- present my library card each time I check out library materials
- accept responsibility for materials borrowed and agree to **pay all costs and/or service charges** for materials lost/damaged.
- to abide by the policies of the Salt River Tribal Library, including use of computers policies.
- failure to follow library policy may result in suspension of my library privileges.

For staff use only: Verification ☐ Tribal I.D. ☐ Mailing Address

Staff Signature: _____ Date _____