



LIBRARY CARD APPLICATION

BARCODE

PRINT CLEARLY

**ALHAMBRA
PUBLIC LIBRARY**

FIRST NAME		MIDDLE INITIAL	LAST NAME	
STREET ADDRESS				APT.#
CITY		STATE		ZIP CODE
HOME () -	WORK () -	SOCIAL SECURITY # (optional)	CA DRIVER LICENSE / ID #	
BIRTHDATE (MONTH/DAY/YEAR)		E-mail:		
AGES: 0-6 ____ 7-18 ____ 19-22 ____ 23-64 ____ 65+ ____		<input type="checkbox"/> CHECK IF EMPLOYEE OF CITY OF ALHAMBRA CITY DEPT. _____		
GENDER: M ____ F ____				

I accept responsibility for all materials charged to this card with or without my consent. I agree to observe all library rules; to promptly pay all charges; and to notify the library of any changes to this information. I understand that all library materials, including books, audiovisual items, electronic databases and the Internet (World Wide Web), are available to all library users.

SIGNATURE OF APPLICANT _____

FOR PARENT OR GUARDIAN OF MINOR APPLICANT

FIRST NAME OF PARENT/ GUARDIAN	LAST NAME OF PARENT/ GUARDIAN
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I understand that I am responsible for my child's use of all library materials, including the Internet.

SIGNATURE OF PARENT OR GUARDIAN

STAFF USE ONLY

- () New () Renew Expired () Replacing Lost/ Stolen/Damaged Card
 () Address Verified () Needs to Verify Address/Phone
 () Teacher () Address/Phone/Name Change

QUICK REGISTRATION INPUT	APPLICATION CHECKED
BY: _____ DATE: _____	BY: _____ DATE: _____

State law prohibits the release of registration information provided except with your permission or by order of an appropriate court.