

# ALHAMBRA CIVIC CENTER LIBRARY CARD APPLICATION

PRINT CLEARLY

FIRST NAME		MIDDLE INITIAL	LAST NAME	
STREET ADDRESS				APT.#
CITY		STATE	ZIP CODE	
HOME ( ) - ( ) - ( )	CELL ( ) - ( ) - ( )	WORK ( ) - ( ) - ( )	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 Name of DEPT. _____	
GENDER: M ____ F ____				
I have read the library rules and regulations. I agree to be responsible for materials borrowed with this card, for loss and damage of materials, and for fines incurred. I will report a lost card promptly and understand that I am responsible for all items checked out on this card until I have reported the card lost or stolen. Abuse of these requirements may result in suspension of library checkout privileges and/or referral to a collection agency.				
SIGNATURE OF APPLICANT _____				
<b>FOR PARENT OR GUARDIAN OF MINOR APPLICANT</b>				
FIRST NAME OF PARENT/ GUARDIAN			LAST NAME OF PARENT/ GUARDIAN	
<b>Please initial one: ___ YES ___ NO</b> My child is permitted access to FILTERED Internet workstations at the Alhambra Civic Center Library. I understand that I am responsible for my child's use of all library materials, including the Internet.				
SIGNATURE OF PARENT OR GUARDIAN _____				
<b>STAFF USE ONLY</b>				
( ) New		BARCODE _____		
( ) Renewed Expired		( ) Teacher Card		
( ) Replacing Lost/ Stolen/ Damaged Card		( ) City Employee		
QUICK REGISTRATION INPUT		APPLICATION CHECKED		
BY:	DATE:	BY:	DATE:	
Federal/State law prohibits the release of registration information provided except with your permission or by order of an appropriate court.				

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