

County of Los Angeles Public Library LIBRARY CARD APPLICATION

PLEASE PRINT CLEARLY

| | | | |
|---|---|------------|--|
| LAST NAME | | FIRST NAME | MIDDLE NAME |
| MAILING ADDRESS | | | APT. NO. |
| CITY | | STATE | ZIP CODE |
| RESIDENCE ADDRESS (if different from above) | | | |
| TELEPHONE | BIRTHDATE (MONTH/DATE/YEAR) <i>Required</i> | | For Account and Holds information PLEASE NOTIFY ME BY : <input type="checkbox"/> EMAIL (<i>Minors, give parent/guardian's email address</i>) <input type="checkbox"/> PHONE <input type="checkbox"/> U.S. MAIL |
| CALIFORNIA DRIVERS LICENSE OR ID NO. | LAST FOUR (4) DIGITS SOCIAL SECURITY NO. | | |
| I agree to be responsible for all materials charged on my library card; to report a lost library card at once; to observe library rules; to pay promptly all charges; and to notify the library of any name change or address changes. This card is non-transferable. | | | |
| SIGNATURE OF APPLICANT _____ | | | |

FOR PARENT/GUARDIAN OF MINOR APPLICANT

| | |
|--|------------------------------|
| FIRST NAME OF PARENT/GUARDIAN | LAST NAME OF PARENT/GUARDIAN |
| ADDRESS OF PARENT/GUARDIAN (if different from above) | |
| DATE | |

MOVIE ACCESS

My child is permitted to borrow videocassettes and DVD's. My child is not permitted to borrow videocassettes and DVD's.

PLEASE NOTE: *Internet Access Permission for Children form available upon request.*

This library card entitles your child to complete access to all materials of the County of Los Angeles Public Library. I assume responsibility for library materials borrowed by this child from the County of Los Angeles Public Library.

SIGNATURE OF PARENT/GUARDIAN _____

STAFF USE ONLY

| | | |
|--|---------------------|---|
| COST CODE | BARCODE | PROFILE <input type="checkbox"/> ADULT <input type="checkbox"/> TEEN <input type="checkbox"/> TEEN_NOVID <input type="checkbox"/> CHILD <input type="checkbox"/> CHILD_NOVID <input type="checkbox"/> FINE_FREE |
| QUALIFIER and DIRECT LOAN CODE <input type="checkbox"/> UNICORP <input type="checkbox"/> CITY_SERVD <input type="checkbox"/> OUT OF STATE <input type="checkbox"/> NON_RESNT <input type="checkbox"/> CA_NONCNTY __ __ __ | | USER CATEGORY <input type="checkbox"/> MC_MEXICO <input type="checkbox"/> MC_KOREA <input type="checkbox"/> MC_ARGENTI <input type="checkbox"/> VIP <input type="checkbox"/> STAFF |
| QUICK REGISTRATION & SAM IMPUT | APPLICATION CHECKED | FULL REGISTRATION IMPUT AND FINAL REVIEW |
| BY _____ DATE _____ | BY _____ DATE _____ | BY _____ DATE _____ |