

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>	LAST FOUR (4) DIGITS SOCIAL SECURITY NO.
CALIFORNIA DRIVER LICENSE OR ID NO.	EMAIL (Minors, give parent/guardian's email address)	
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 or address changes. This card is non-transferable.		
SIGNATURE OF APPLICANT _____		

If you do not want library notices or communications via email, please choose one of these options: Phone U.S. Mail

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 DVDs. My child is not permitted to borrow videocassettes and DVDs.

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

This library card entitles your child 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 INPUT	APPLICATION CHECKED	FULL REGISTRATION INPUT AND FINAL REVIEW
BY _____ DATE _____	BY _____ DATE _____	BY _____ DATE _____