SAN MARINO PUBLIC LIBRARY
Telephone: (626) 300-0777

Address: 1890 Huntington Drive
SAN MARINO, CA 91108

New Barcode ______________________________

Old Barcode ______________________________

LIBRARY CARD APPLICATION

FOR LIBRARY USE ONLY

NEW CARD ☐ REPLACING LOST CARD ☐

Date ____________________

Staff Initials ____________________

CA DRIVER'S LICENSE ☐☐☐☐☐☐☐☐ BIRTH DATE ☐☐☐☐☐☐☐☐

Please Print

NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐

First/Personal *Middle* *Last/Family Name*

HOME ADDRESS ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CITY ☐☐☐☐☐☐☐☐☐☐☐ ZIP ☐☐☐☐☐ HOME PHONE ☐☐☐☐☐☐☐☐☐☐

ALTERNATE ADDRESS ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CITY ☐☐☐☐☐☐☐☐☐☐☐ ZIP ☐☐☐☐☐ CELL PHONE ☐☐☐☐☐☐☐☐☐☐

SCHOOL NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

HIGH SCHOOL GRADUATION YEAR ☐☐☐☐ PIN # ☐☐☐☐

SEX M ☐ F ☐

STATEMENT OF RESPONSIBILITY

I agree: To be responsible for all materials charged on my card; To report a lost card at once; To observe library rules; To pay promptly all charges; and, To notify the library of any name or address change.

I understand my signature authorizes my child to use and borrow materials in the library collection. I agree to be responsible for all materials charged on his/her card.

____
Signature of Parent/Guardian if applicant is under 15 years of age

____
Signature of Applicant

____
Parent's Name (Please Print)

FOR LIBRARY USE ONLY

☐ RESIDENT ☐ NONRESIDENT ☐ STAFF