CROWELL PUBLIC LIBRARY, CITY OF SAN MARINO

LIBRARY CARD APPLICATION

BARCODE_____ DATE: ____/____/_____ STAFF INITIALS _____

PLEASE PRINT NEATLY.

DRIVER'S LICENSE NO: _____DATE OF BIRTH: ____/____/_____
(if under 18 years) M D YEAR

NAME OF APPLICANT: _____
Last/Family Name First Name Middle Name/Initial

HOME ADDRESS: _____

CITY: _____STATE: _____ ZIP CODE: _____

ALTERNATE ADDRESS: _____

CITY: _____STATE: _____ZIP CODE: _____

EMAIL ADDRESS:_____
(For official Library communications only.)

HOME PHONE: (____)_____CELL: (____)_____

Your PIN is the last four digits of your home telephone number.

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, including the Standards of Behavior;
- To pay promptly all charges; and
- To notify the Library of any name, address or telephone number change.

For Parents/Guardians:

- I understand my signature authorizes my child to use/borrow library materials.
- I agree to be responsible for ALL MATERIALS charged on his/her card.
- I understand children should not be left unattended in the library.

_____ _____
(Signature of applicant) (Signature of parent/guardian if applicant is under 16 years of age)

_____ _____
(Applicant's name – Please print) (Parent's name – Please print)

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www.crowellpubliclibrary.org