

PLEASE PRINT CLEARLY

# County of Los Angeles Public Library Library Card Application

LAST NAME	FIRST NAME	MIDDLE NAME
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MAILING ADDRESS	APT. NO.
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CITY	STATE	ZIP CODE
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RESIDENCE ADDRESS (If different from above)

TELEPHONE	BIRTHDATE [MONTH/DATE/YEAR] <i>Required</i>	PLEASE NOTIFY ME BY (For Account & Holds Information): <input type="checkbox"/> U.S. MAIL <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL (minors, give parent/guardian's email)
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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
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ADDRESS OF PARENT / GUARDIAN (If different from above)	DATE
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### 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 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
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QUALIFIER and DIRECT LOAN CODE <input type="checkbox"/> UNINCORP <input type="checkbox"/> CITY_SERVD <input type="checkbox"/> OUTFSTATE <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"/> TEACHER <input type="checkbox"/> VIP <input type="checkbox"/> STAFF
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QUICK REGISTRATION & SAM INPUT BY _____ DATE _____	APPLICATION CHECKED BY _____ DATE _____	FULL REGISTRATION INPUT AND FINAL REVIEW BY _____ DATE _____
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