

CHECK ONE ( $\sqrt{}$ ): JUV

YA

ADT

SPT

E-RESOURCE/COMPUTER USE



## **SANTA ANA PUBLIC LIBRARY**

## LIBRARY CARD APPLICATION

<u>PLEASE PRINT</u> NEATLY AND FILL	OUT COMPI	ETLY.					
NAME:Last name			First Name		Middle	Middle Name	
RESIDENTIAL ADDRESS:	Address		Apt./Space #	City	State	Zip Code	
BIRTH DATE:	Day	Year	_	-			
DRIVER LICENSE OR CA ID#	:			PHONE: (_	)		
E-MAIL ADDRESS:							
PLEASE READ AND SIGN: I accept responsibility for all mate stolen cards must be reported. I as					ge for lost or	damaged materials. Lost c	
SIGNATURE:(PARENT/GUARDIAN SIGNATURE R	EQUIRED FO	R CHILD BELOW	9TH GRADE OR U	NDER 14 YEARS	OF AGE)	,	
PRINT NAME:			DATI	E:		/	
	STUDEN	T INFORMA	TION (CURRENT	Γ STUDENTS ON	ILY)		
NAME OF SCHOOL:				GRADE:		_	
CITY WHERE SCHOOL IS LO	CATED:						
		NOTIFICATI	ON PREFERE	ENCE			
Please check ONE option.							
TEXT MESSAGE	SERVICE PROVIDER: Would you like to receive e-mail notification for Library Programs and Information?						
E-MAIL MESSAGE	MAIL!	ED NOTIFICAT	ΓΙΟΝ		Yes	□ NO	
Identification Requirements to				4			
A photo I.D with current residentia		-	_		residency will	be required. Acceptable	
Forms of acceptable I.D are: Valid California Driver's License		rrent residential a		proof of carrent	esidency will	se required. Acceptable	
Valid California I.D Card Consulate Identification			cant during the last redit card statement,			ceipts, car insurance, e registration.	
Passport Employee I.D. Card Student I.D Active Military I.D.	Parent or le	et be present to obtegal guardian's sig	otain or renew a libra gnature is required o or legal guardian n	on registration fo			
		STA	AFF USE ONLY				
INITIALSIN	IPUT BY	C	T	PZ			
OLD PZ # IF APPLICABLE							