El Segundo Public Library
CITY OF EL SEGUNDO
111 W. Mariposa Avenue El Segundo, CA • (310) 524-2722

http://library.elsegundo.org

EL SEGUNDO PUBLIC LIBRARY SYSTEM

BARCODE

A library card will be issued to you upon completion of this application along with your driver's license or other suitable ID verifying your name and **current address**.

Name: *(please print)*

_____
(Last) *(First)* *(Middle)*

Calif. Drivers License or ID #: _____ **Home Phone:**_____

Email Address for receiving notices (Optional):_____

Mailing Address:

_____
(Street) *(Apt. #)*

_____
(City) *(State)* *Zip Code)*

Residence Address: (Complete ONLY if different from Mailing Address):

_____
(Street) *(Apt. #)*

_____
(City) *(State)* *(Zip Code)*

Occupation: _____ **Are you a student?** Yes No **At which school?** _____

Business Name: _____ **Business Phone:**_____

Do you belong to the Friends of the El Segundo Public Library? Yes No

Are you a Literacy Student? Yes No **Are you a Literacy Tutor?** Yes No

I agree to be responsible for all materials checked out on my card, with or without my consent; to report a lost card at once; to observe library rules; to pay promptly all charges and to notify the library of any changes to my address.

Signature of Applicant: _____ **Date:** _____
(*If applicant is in the 8th grade or below, a parent/guardian must complete and sign the reverse side.)*

STATISTICAL DATA (optional):

Sex: M F (circle one) **Birthdate:**_____ Month/Day/Year **Do you have access to a personal computer?** Yes No
And a modem Yes No

PARENT OR GUARDIAN

Please complete and sign the following if applicant is under 18 years old:

School: _____ Grade: _____

CHECK ONE BOX:

☐ **Please permit my child to borrow material from both the adult and children's collection.** *(Note: the library does not rent videos to patrons under 18)*

OR

☐ **I would like my child to be restricted to borrowing materials from the children's collection only.**

I hereby accept responsibility for all items checked out on my child's card, replacement and cost of any items lost or damaged, and fines for over due materials. I acknowledge that I have checked one box above to indicate what my child may borrow from the library.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name *(please print):* _____

Parent's Calif. Driver's License or ID #: _____

FOR LIBRARY STAFF USE ONLY

Prepared By: _____ Date: _____

Input By: _____ Date: _____

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