POMONA PUBLIC LIBRARY
CARD APPLICATION

Name: _____
Last (Please Print) First Middle

Employer/School _____ DOB _____ M or F

Home Address: _____
No. Street Apt.# City State Zip

Mailing Address
If Different: _____
No. Street Apt.# City State Zip

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Child #1_____ DOB_____ School _____ M or F

Child #2_____ DOB _____ School _____ M or F

Child #3_____ DOB _____ School _____ M or F

Language other than English spoken in the home:
☐Spanish ☐Vietnamese ☐Chinese ☐Other: _____

I have received a copy of the Library's Rules and Regulations. By signing below, I agree to observe ALL Library Rules.

_____
Applicant's/Parent's/Guardian's Signature

If under 18, PRINT name of Parent/Guardian: _____

STAFF ONLY:

LC#_____ Type _____ DL/ID/SS# _____

G#_____ DOB _____ Other ID _____

Child #1_____ Type _____ CSL Code _____ Geo. Code _____

Child #2_____ Type _____ Non-Resident Fee _____

Child #3_____ Type _____ Expiration Date _____

2009