

## POMONA PUBLIC LIBRARY CARD APPLICATION

Name:			First				
L	Last (Please Print)				Middle		
Employer/School					DOB		M or F
Home Address:	No.		Apt.#	City	State	Zip	
Mailing Address  If Different:			•	·		<u>.</u>	
	No.	Street	Apt.#		State	Zip	_
Home Phone:			Cell I	Phone:			
E-Mail Address:							
Child #1			DO	В	School		M or F
Child #2			DO	В	School		M or F
Child #3			DO	·B	School		M or F
I have received a cop Library Rules.	y of the Library	's Rules and	l Regulations.	By signin	g below, I agre	e to observe	ALL
	Δnr	-licent's/Dare	ent's/Guardian'	's Cionatur			
re 110 DDINT n	11			C			
If under 18, PRINT n	ame of Parenuc	juardian:					
STAFF ONLY:							
LC#							
G#							
Child #1					(		
Child #2		• •					
Child #3		Type	Exj	piration Date			