



Linebaugh Public Library System
APLICACION DE TARJETA DE BIBLIOTECA

Ud. Tiene que mostrar identificacion con su direccion correcta

Barcode de Biblioteca # 2 3687 Fecha: / /
Compruebe uno: Adulto 6 - 17 anos Nacimiento hasta 5 Staff initials:

Por favor, escribe en letras de imprenta

Nombre APELLIDO PRIMER MEDIO
Direccion Local CALLE O P.O.# # DE APARTEMENTO
Ciudad Estado Zip
Telefono (Preferido para reservaciones) () Telefono (Casa) ()
Email (Opcional) Licencia de Manejo #

Por favor, marque en esta seccion si tiene menos de 18 anos. Para los ninos menos que 18 necesitan la firma y identificacion del padre o guardian.

Fecha de nacimiento del niño Licencia de Manejar # (de los padres)
Nombre del padre/madre/guardian APELLIDO PRIMER MEDIO
Direccion (si es diferente al de arriba) CALLE/P.O.# # DE APARTEMENTO
Ciudad Estado Zip

Para recibir una tarjeta de biblioteca, tiene que firma:

Mi firma en este aplicacion significa que estoy de acuerdo con todas las reglas y las polizas para usar los servicios de la biblioteca. Acepto responsabilidad por todos los materiales cobros materiales a esta tarjeta, incluyendo las multas. Avisare la biblioteca pronto, si esta tarjeta es perdida o robada.

FIRMA DE ASPIRANTE
FIRMA DE PADRE O GUARDIAN FECHA

Mi hijo (hasta edad de 18) puede usar el red (Internet).

FIRMA DE PADRE O GUARDIAN FECHA

Mi hijo (hasta edad de 18) puede tener el honor de videos.

FIRMA DE PADRE O GUARDIAN FECHA

IMPORTANTE!! Informacion que ha dado a la bilioteca publica de Linebaugh es, por ley, confidencial.

LINEBAUGH PUBLIC LIBRARY SYSTEM
DEMOGRAPHIC INFORMATION FORM

The Linebaugh Public Library System does not discriminate in the provision of services, programs or activities. The information provided will not be a factor in consideration of your application for a library card. While submission of this form is not mandatory, the Linebaugh Public Library System does wish to maintain demographic information about persons who apply for library cards in order to evaluate services, programs and activities that will best meet the needs of our patrons. We would request that you complete this form and turn it in at the circulation desk. These forms will be maintained separately and will be used solely to compile statistical data useful in the planning and provision of future Library services, programs and activities. There will be no effort made by anyone to match your Library Card Application with this Demographic Information Form. **DO NOT WRITE YOUR NAME, ADDRESS OR ANY OTHER IDENTIFYING INFORMATION ON THIS FORM.**

Age category: Under 18 17-54 55 and over

Gender: Male Female

Ethnic/Racial Background: Caucasian Black Hispanic

American Indian Asian/Pacific Islander

Alaskan Native

DATE: ___/___/___

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