

SANTA ANA PUBLIC LIBRARY APPLICATION
6 MONTHS COMPUTER ACCESS CARD

NAME: _____
First Middle Last

ADDRESS: _____ Apt. # _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ BIRTHDATE (MM/DD/YY): ____/____/____ MALE _____ FEMALE _____

DL or CA ID: _____ E-MAIL: _____

I agree to comply with the Santa Ana Public Library rules and policies. I understand that the 6-months Computer library card grants me access to designated computers . Disregard of computer and conduct rules may result in the revocation of my computer card and may lead to termination of my library privileges. Card expires in 6 months. If lost, prior to the 6 months — a replacement fee will be charged.

Signature (Guardian, if user is a minor): _____ Name of Minor (if applicable) _____

Print Name: _____ Date: _____

STAFF USE ONLY

CT _____ PZ _____ Initials _____ Input By _____

AIU _____ YAIU _____ TIU _____ JIU _____



11/22/2017

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