

# DALY CITY PUBLIC LIBRARY PENINSULA LIBRARY SYSTEM REGISTRATION FORM

HOME LIBRARY \_\_\_\_\_

PLEASE PRINT

**Name** \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

**Address** \_\_\_\_\_  
NUMBER AND STREET APT. NO. IF APPLICABLE  
+  
CITY STATE ZIP + 4

**Home Phone** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
(If different from above) NUMBER AND STREET APT. # IF APPLICABLE  
+  
CITY STATE ZIP + 4

**Parent's/Guardian's Name** \_\_\_\_\_  
(if less than 18 years old)

**E-mail Address** \_\_\_\_\_

**Gender:**  Male  Female

**Date of Birth** \_\_\_\_\_

**I AGREE TO FOLLOW LIBRARY RULES, BE RESPONSIBLE FOR MATERIALS THAT ARE CHARGED TO THIS CARD, AND NOTIFY THE LIBRARY WHEN ANY INFORMATION I HAVE GIVEN IS CHANGED. I UNDERSTAND THAT I AM TO NOTIFY THE LIBRARY IF THIS CARD IS LOST OR STOLEN.**

**I UNDERSTAND THAT I MUST BRING MY LIBRARY CARD EACH TIME I VISIT THE LIBRARY TO CHECK OUT MATERIALS OR USE THE INTERNET/LAB COMPUTERS.**

X \_\_\_\_\_  
SIGNATURE OF PATRON

X \_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN IF PATRON IS LESS THAN 18 YEARS OLD

**LIBRARY USERS, REGARDLESS OF AGE, HAVE ACCESS TO ALL LIBRARY MATERIALS.**

***WELCOME TO THE LIBRARY !***

*PRESERVING YESTERDAY, INFORMING TODAY, INSPIRING TOMORROW*

## STAFF USE ONLY

DATE: \_\_\_\_\_

INIT/LIB: \_\_\_\_\_

BAR CODE #: 2-9 \_\_\_\_\_

CDL #: \_\_\_\_\_

OTHER ID: \_\_\_\_\_

PTYPE: \_\_\_\_\_

PSTAT: \_\_\_\_\_

AGENCY: \_\_\_\_\_

CENSUS: \_\_\_\_\_