

Note: Please adhere to Library Policy of submitting proper identification in person for an initial application of a library card.

**GUAM PUBLIC LIBRARY SYSTEM
PATRON APPLICATION FORM**

FOR LIBRARY USE ONLY
(Place Bar Code Label Here)

BORROWER TYPE _____

EXPIRATION DATE _____

BRANCH _____

CONFIRMED BY _____

PRINT ALL ENTRIES EXCEPT SIGNATURE

| | | | | | |
|---------------------------|-------|----------|-------------------|-------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| LAST | FIRST | M.I. | SUFFIX | DOB | SEX |
| _____ | | | _____ | _____ | _____ |
| PERMANENT MAILING ADDRESS | | | CITY | STATE | ZIP |
| _____ | | | _____ | _____ | _____ |
| PHYSICAL ADDRESS | | | CITY | STATE | ZIP |
| PHONES _____ | _____ | _____ | _____ | _____ | _____ |
| HOME | WORK | MOBILE | TEMPORARY CONTACT | FAX | |
| _____ | | _____ | | _____ | |
| EMAIL ADDRESS | | EMPLOYER | | SCHOOL NAME | |

I APPLY FOR THE RIGHT TO USE THE GUAM PUBLIC LIBRARY SYSTEM. I AGREE TO COMPLY WITH ALL ITS RULES AND REGULATIONS AND TO GIVE IMMEDIATE NOTICE OF ANY CHANGES IN STATUS. I UNDERSTAND I WILL BE HELD LIABLE FOR ALL TRANSACTIONS, DAMAGES, AND DEBTS INCURRED BY MYSELF, OR ANY PERSON I AM LEGALLY RESPONSIBLE FOR.

| | | | |
|------------------------|---|---------------------------------|-------|
| _____ | / | _____ | _____ |
| SIGNATURE OF APPLICANT | | SIGNATURE OF PARENT or GUARDIAN | DATE |

ETHNICITY (CIRCLE ONE OR PRINT IF 'OTHER')
This information is needed for Federal Reporting Requirements, Grants, etc.

- | | | |
|------------------|------------|---|
| AFRICAN | CHAMORRO | OTHER PACIFIC ISLANDER: |
| AFRICAN-AMERICAN | HAWAIIAN | (e.g. CHUUKESE, MARSHALLESE, PALAUAN, YAPESE, etc.) |
| AMERICAN INDIAN | JAPANESE | _____ |
| ASIAN INDIAN | KOREAN | OTHER: |
| CAUCASIAN | PORTUGUESE | _____ |
| CHINESE | THAI | _____ |
| FILIPINO | VIETNAMESE | _____ |

PROXY BORROWER (S)

FOR LIBRARY USE ONLY
(Place Bar Code Label Here)
PROXY 1

1. _____

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| _____ | _____ | _____ | _____ | _____ | _____ |
| LAST | FIRST | M.I. | SUFFIX | DOB | SEX |

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| _____ | _____ |
| ACCEPTED BY (LIBRARY STAFF) | DATE |