

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.

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|------------------|------------|---|
| 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. _____

LAST	FIRST	M.I.	SUFFIX	DOB	SEX
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_____	_____
ACCEPTED BY (LIBRARY STAFF)	DATE