

Cardholder Last Name:		First Name:		Middle Name:
Phone Number:  Circle Phone type: (Home, Cell, Business, Don't Call)		Parent or Guardian's Name: (For Children Under 18)		
Mailing Address:				Apartment:
City:	State:	Zip Code:	Email Address:	
Cardholder Date of Birth:  ____/____/____	Pin Number:  _____ (4 digits)	Race/ Ethnicity (optional) ____ African-American ____ Asian ____ Hispanic ____ White ____ Other		Sex (optional) ____ Female ____ Male
Year of Birth (optional) ___1896-1915      ___1966-1975 ___1916-1925      ___1976-1985 ___1926-1935      ___1986-1995 ___1936-1945      ___1996-2005 ___1946-1955      ___2006- ___1956-1965		Council District (optional) ___A ~ (Carrollton, Lakeview, Lakefront, Mid-City) ___B ~ (Broadmoor, Uptown) ___C ~ (Algiers, French Quarter, Treme) ___D ~ (Gentilly, Bywater) ___E ~ (East New Orleans)		
By signing below, I accept responsibility for all items borrowed on this card:				
_____ <b>Signature</b> If Cardholder is under 12 a Parent or Guardian's signature is required for full Library access.				
Driver's License or SSN Number (optional):				
Barcode Assigned:	Other Information: (Alternate Address etc.)			Staff Initials: