

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) <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other		Sex (optional) <input type="checkbox"/> Female <input type="checkbox"/> Male
Year of Birth (optional) <input type="checkbox"/> 1896-1915 <input type="checkbox"/> 1966-1975 <input type="checkbox"/> 1916-1925 <input type="checkbox"/> 1976-1985 <input type="checkbox"/> 1926-1935 <input type="checkbox"/> 1986-1995 <input type="checkbox"/> 1936-1945 <input type="checkbox"/> 1996-2005 <input type="checkbox"/> 1946-1955 <input type="checkbox"/> 2006- <input type="checkbox"/> 1956-1965		Council District (optional) <input type="checkbox"/> A ~ (Carrollton, Lakeview, Lakefront, Mid-City) <input type="checkbox"/> B ~ (Broadmoor, Uptown) <input type="checkbox"/> C ~ (Algiers, French Quarter, Treme) <input type="checkbox"/> D ~ (Gentilly, Bywater) <input type="checkbox"/> E ~ (East New Orleans)		
By signing below, I accept responsibility for all items borrowed on this card:				
<p>Signature</p> <p>If Cardholder is under 12 a Parent or Guardian's signature is required for full Library access.</p>				
Driver's License or SSN Number (optional):				
Barcode Assigned:	Other Information: (Alternate Address etc.)			Staff Initials: