



Taiwanese American Foundation of San Diego

Taiwanese American Community Center

聖地牙哥台美基金會 台灣中心

Federal Non-Profit Organization Tax Identification: 33-0709735

7838 Wilkerson Court, San Diego, CA 92111 Tel : 858-560-8884 • Fax: 858-560-9276

圖書館會員申請表

Library Card Application Form

編號 (NO): _____

請用正楷填寫清楚 (Please print clearly)

卡號 (Barcode): _____

| | |
|--|---|
| 英文名 (First Name): | 姓 (Last Name): |
| 中文名: | 加州駕駛執照號碼: (CA Driver's License/ ID #) |
| 郵寄地址 (Mailing Address): Street: _____ Apt: _____ City: _____ State: _____ Zip: _____ | |
| 永久地址 -- 如果不同於郵寄地址 (Permanent address, if different from mailing address): Street: _____ Apt: _____ City: _____ State: _____ Zip: _____ | |
| 住宅電話: (Home Phone) | 公司電話: (Work Phone) |
| 如果你小於十六歲請填寫以下資料 (If you are under 16, please fill out the information below): | |
| 生日: _____ (Birthday) (mm/dd/yy) | |
| 父母或監護人的姓名: _____ (Name of Parent or Guardian) | |
| 父母或監護人的地址: Street: _____ Apt: _____ (Address of Parent or Guardian) City: _____ State: _____ Zip: _____ | |
| 父母或監護人簽名: _____ (Signature of Parent or Guardian) | |
| 責任承擔 (ACCEPTANCE OF RESPONSIBILITY) | |
| 我會負責借書卡上所登記之物 遺失借書卡或換地址時我會立即報查 小朋友小於六歲不得獨自留在圖書館內 | I will be responsible for material borrowed on this card I will report a lost card or any change in address immediately Children under 6 years of age are not to be left alone in the library |
| 申請人簽名 (Signature of Applicant): | 日期 (Date): |
| X | |
| FOR STAFF USE ONLY | |
| Received By: _____ | Date: _____ Fee Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No |