



San Diego  
**Archaeological Center**  
MUSEUM • EDUCATION • RESEARCH

## Library Member Information Sheet

**Name** \_\_\_\_\_  
Print in ink                      First                                              M.I.                                              Last

**Address** \_\_\_\_\_  
                                         Street                                              City                                              State                                              Zip Code

**Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_

**E-mail (hm)** \_\_\_\_\_ **(wk)** \_\_\_\_\_

**Driver's License # or other I.D.** \_\_\_\_\_

**Profession/Title** \_\_\_\_\_

**Company/Institution/School** \_\_\_\_\_

**Address** \_\_\_\_\_  
                                         Street                                              City                                              State                                              Zip Code

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**General Field of Study** \_\_\_\_\_

**Particular Subject of Study** \_\_\_\_\_

**Would you like to be added to our email list?**  yes  no

\_\_\_\_\_  
**Staff only**

\_\_\_\_\_ Meets Secretary of the Interior Standards \_\_\_ Signed Center Access Form

Patron Type \_\_\_\_\_ Barcode # \_\_\_\_\_