

Walla Walla County Rural Library District LIBRARY CARD REGISTRATION FORM Adult (age 18+)

Valid identification with your current address must be presented at registration. Please print clearly.

PERSONAL INFORMATION

Barcode: 24388

ast Name First Name		Preferred	Preferred Name (optional)	
Birth Date: / / / / MM DD N MAILING ADDRESS	YYYY			
Street or PO Box	City	State	Zip Code	
RESIDENTIAL ADDRESS San	me as Mailing Address			
Street Address	City	State	Zip Code	
CONTACT INFORMATION				
Primary Phone	Alternate Phon	e		
Email Address (for notification when it Check this box to sign up for m RESPONSIBILITY STATEMENT	-	pick-up)		
verify that the information on this form good condition while they are in my po- ost or damaged. I understand that failu of my library privileges. Library rules an Walla Walla County Rural Library Distric	ssession and to pay all costs and/oure to follow library rules may resuld library materials are governed a	or service charges for ma ult in monetary charges a and protected by State la	terials that are nd/or suspension w. I agree to use	
Signature (required)		Today's Date		
STAFF USE ONLY Registered at: Burba	ank Prescott Touchet	College Place B	Bookmobile	

Registration date:__

Staff Initials: