



Walla Walla County Rural Library District LIBRARY CARD REGISTRATION FORM *for an Adult* (age 18 and up)

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

PERSONAL INFORMATION

_____ Last Name		_____ First Name			_____ Middle Name	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: _____				
		MM	DD	YYYY		

MAILING ADDRESS

_____ Street or PO Box		_____ City		_____ State	_____ Zip Code
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RESIDENTIAL ADDRESS Same as Mailing Address

_____ Street Address		_____ City		_____ State	_____ Zip Code
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CONTACT INFORMATION

_____ Primary Phone		_____ Alternate Phone	
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Email Address *(for notification when items are overdue or available for pick-up)*

Would you like to receive email reminders about events at the library? Yes No

RESPONSIBILITY STATEMENT

I agree to follow the rules of the Walla Walla County Rural Library District and to pay all costs and/or service charges for materials that are lost or damaged. I understand that failure to follow library rules may result in suspension of my library privileges and/or referral to a collection agency. Library rules and library materials are governed and protected by State law. If I am referred to a collection agency because materials have not been returned or have been returned damaged, I will be charged an additional recovery fee. I understand and agree that any court action regarding my account shall be in Walla Walla County and, if a lawsuit is required, I agree to pay reasonable attorney's fees and costs.

_____ Signature <i>(required)</i>		_____ Today's Date	
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STAFF USE ONLY Registered at: <input type="checkbox"/> Burbank <input type="checkbox"/> Prescott <input type="checkbox"/> Touchet <input type="checkbox"/> Vista Hermosa <input type="checkbox"/> Plaza				
Barcode: 24388	_____	Registration date: ___/___/___	Staff Initials: _____	
Data Entry Review: Review date: ___/___/___	Reviewer Initials: _____	Form revised September 2013		