



Washington County Free Library

Registration Form

Please complete **this form, print one character in each box SKIP ONE SPACE** between requested information. Your card will be mailed to you. Library staff will assist you with any questions.
Thank you for your cooperation.

First Name _____ Middle Name _____
[Grid of 24 boxes for name entry]

Last Name _____ Jr., Sr., I, II, III
[Grid of 24 boxes for name entry]

Mailing Address (Please give number, street, apartment number, P.O. Box #, etc.)
[Grid of 24 boxes for address entry]

City _____ State [Grid of 2 boxes]

Zip Code _____ Area Code _____ Telephone _____ Birthday [Grid of 3 boxes]

[Large box for handwritten signature and address information]

Name _____
Address _____
City, State, Zip Code _____

Age Group	
1) _____	0-13 Years
2) _____	14-17 Years
3) _____	18 Years & up

***THE UNDERSIGNED IS RESPONSIBLE FOR MATERIALS BORROWED AND FINES CHARGED.**
A parent or guardian may sign for a child. For your protection, it is not advisable to lend your library card.

Signature _____ Date _____

_____ Self _____ Mother _____ Father _____ Guardian/Caregiver

***** For Use In Library Only *****

STAFF INITIALS _____ AGENCY _____ INPUT BY _____