

Winding Rivers Library System: Patron Registration

Name: Last _____ First _____ M.I. _____

Street/PO: _____ City: _____

State: _____ Zip: _____ Township: _____ County: _____

Phone: _____ Email: _____

Birth Date: ____/____/____ Contact Info / Alt. Address: _____



WINDING RIVERS
—LIBRARY SYSTEM—

I agree to be responsible for all items borrowed with the library card issued in the above name, including items borrowed with it by others with or without my consent unless I have previously reported the loss of my card. I promise to comply with all library rules and policies, and to give prompt notice of change of address or loss of the card.

Signature of Applicant: _____ Date: ____/____/____

Signature of Parent: _____ Date: ____/____/____

FOR LIBRARY USE: ID# (if applicable) _____

WRLS Barcode #: _____

Issuing Library/Local #/Note: _____