

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: _____



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 _____

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