Washington State Library

LIBRARY CARD APPLICATION

Washington State Library

The People's Library Since 1853

Name:					
Please Print	(Last Name, First Name, Middle Name)				
WA Driver's License Number:		Birth Da	te:		
State Agency: Division:					
(P	lease Spell Out Agency Name)				
Work Mailing Address:					
Tronk maning Addition	Mailstop/PO Box/Street/Apt. No.		City	Zip+4	
Home Address:					
Home Address.	Street/PO Box		City	Zip+4	
14/		II Talantan			
Work or Message Telephone:	(Area) 999-999	Home Telephone: (Area) 999-9999			
			,		
E-mail Address:					
Please choose:Li	brary Card E-card (number	er only; we will not se	end you an actua	l card)	
I understand and agree that if I borrow library materials or equipment from the State Library, and if the items are not returned, or if they are returned with damage, I will pay replacement costs and/or associated fees. I also understand and agree that I am fully responsible for all library materials or equipment checked-out on my library card, with or without my consent.					
Signature:		Date:			
You must be 18 years old to apply for signature must be on file at the State	issues cards to citizens of Washingto or and to receive a library card accou e Library before a permanent card wil n person at the library or by faxing or	nt. Your I be			
this completed application and copies of acceptable forms of identification. Please see our website for a list of acceptable forms of identification. Your card		on.	State Library Use Only		
will be mailed to you.	cceptable forms of identification. To	Barcode #	t		
Questions? Call (360) 704-5200		Patron #:			
` ,		Staff Initia	ls:		
Mail: Office of the Secretary of State Box 42460, Olympia, WA 98504-2460	, Washington State Library, Circulation	on, PO Date:			
Fax: (360) 586-7575 Email: circ	@sos.wa.gov		rev March 2	2020	