



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 Date:** _____

State Agency: _____ **Division:** _____
(Please Spell Out Agency Name)

Work Mailing Address: _____
Mailstop/PO Box/Street/Apt. No. City Zip+4

Home Address: _____
Street/PO Box City Zip+4

Work or Message Telephone: _____ **Home Telephone:** _____
(Area) 999-999 (Area) 999-9999

E-mail Address: _____

Please choose: _____ Library Card _____ E-card (number only; we will not send you an actual 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:** _____

Please Note: The State Library issues cards to citizens of Washington State. You must be 18 years old to apply for and to receive a library card account. Your signature must be on file at the State Library before a permanent card will be issued. You may establish service in person at the library or by faxing or emailing this completed application and copies of acceptable forms of identification. Please see our website for a list of acceptable forms of identification. Your card will be mailed to you.

Questions? Call (360) 704-5200

Mail: Office of the Secretary of State, Washington State Library, Circulation, PO Box 42460, Olympia, WA 98504-2460
Fax: (360) 586-7575 Email: circ@sos.wa.gov

State Library Use Only	
Barcode #:	_____
Patron #:	_____
Staff Initials:	_____
Date:	_____