

LIBRARY CARD APPLICATION

Washington State Library

The People's Library Since 1853

Name:

(Print) (Last Name) (First Name) (Middle Name or Initial)

Home Address:

Street/PO Box City Zip+4

Home Telephone:

(Area) 999-9999

E-mail Address:

Preferred method for all courtesy notices:

E-mail

Phone

Are you a State employee?

Yes

No (skip this section)

(Employment with a State agency is not required for a library card)

Agency:

(Please Spell Out Agency Name)

Division:

Work Address:

Street/PO Box City Zip+4

Work Telephone:

(Area) 999-9999

E-mail Address:

Please choose one:

E-card (ID required to check out materials in-person)

Library card

By signing, I understand and agree that if I borrow library materials or equipment from the State Library, I will pay replacement costs and/or associated fees if the items are damaged or not returned. I also understand and agree that I am fully responsible for all items checked-out on my library card, with or without my consent.

Signature:

Date:

Please Note: The State Library issues cards to residents of Washington state. You must be 18 years old to apply for and to receive a library card account. Please see our website for a full list of requirements and explanation of library policies: <https://www.sos.wa.gov/library/card.aspx>

Questions? Call (360) 704-5221

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: _____

DL Other ID 2nd verification