Washington Hospital Healthcare System

Library Card Application

New: ❒ Lost / Stolen: ❒

Please print:

NAME _____
LAST FIRST MIDDLE INITIAL

CALIFORNIA DRIVER'S LICENSE/ID NUMBER _____
(Name must match applicant's name on first line above.)

MAILING ADDRESS _____
STREET

CITY _____ ZIP _____

HOME PHONE _____ OTHER PHONE _____

E-MAIL ADDRESS _____

I agree to follow all library rules, to pay promptly all charges for lost and damaged materials and to give immediate notice of any change of address or loss of library card. I understand that I am responsible for all materials checked out on this card.

SIGNATURE OF APPLICANT _____

Optional Information:

AGE: ❒ 15 – 40 ❒ 41 – 60 ❒ 60 +

Non-English Language Preference:

❒ Amharic	❒ German	❒ Italian	❒ Russian
❒ Arabic	❒ Gujarati	❒ Japanese	❒ Spanish
❒ Cantonese	❒ Hebrew	❒ Korean	❒ Swahili
❒ Farsi	❒ Hindi	❒ Laotian	❒ Tagalog
❒ French	❒ Hmong	❒ Mandarin	❒ Vietnamese
❒ Other: _____			

Office Use Only:

TODAY'S DATE _____ NEW CARD NUMBER _____ OLD CARD NUMBER _____

VOLUNTEER'S INITIALS _____