

For Office Use

Member ID #



Lending Library Membership Registration Form

Name: _____

Address: _____

City: _____ State: _____

Home Phone: _____ Work Phone: _____

Agency: _____

For office use only

Form of Identification Used: _____

Book Title: _____

Author: _____

Replacement Cost: \$ _____

Video Title: _____

Producer/Developer: _____

Replacement Cost: \$ _____

Date Borrowed: _____

Date Due: _____