

LIBRARY CARD REGISTRATION FORM

for organizations, institutions,

agencies and businesses

FILL OUT IN INK AND RETURN TO A LIBRARY STAFF MEMBER.	29093
	Library Card Number (to be completed by staff)
NAME OF ORGANIZATION	
NAME OF OWNER/FINANCIAL AGENT (Enter on first line of address field)	
LAST	
FIRST	INITIAL
OFFICIAL MAILING ADDRESS OF ORGANIZATION	
STREET / APARTMENT NUMBER	
CITY STATE _	ZIP (+4)
STREET ADDRESS OF ORGANIZATION (If different from above)	
STREET / APARTMENT NUMBER	
CITY STATE _	ZIP (+4)
BUSINESS PHONE AREA CODE EXT. EXT.	EMAIL
	ITOMATED PHONE CALL IAIL
l accept financial responsibility for the above organization. The staff of our organizati The organization will pay costs and fines for materials lost, damaged or returned late. equipment borrowed under the organization's name. The organization accepts respon	It will assume financial responsibility for all materials and
SIGNATURE Owner/financial agent	DATE
APPLICATION MUST BE SIGNED IN THE PRESENCE OF A LIBRARY STAFF ME RETURN FORM IN PERSON AT ANY BRANCH OF PI	MBER-DO NOT DROP OFF OR MAIL COMPLETED FORM.

INSTRUCTIONS FOR ORGANIZATION REGISTRATION FORM:

Organizational cards are issued to institutions, agencies, businesses and organizations which are housed in or own property in the library system's service area. Pierce County government agencies located in Tacoma are also eligible.

One (1) card is issued per organization, although companies and schools with multiple sites may be issued additional cards for additional sites, provided separate financial authorities can sign for each site.

The form must be signed by an officer of the organization who has the authority to assume financial **responsibility for the organization.** It must be signed in the presence of branch staff or in the presence of staff at ACL.

Acceptable Identification includes **TWO** of the following:

1. An identification card or business card from the organization showing the person's name and title,

AND

2. A business license or imprinted checks with the name of the organization.

STAFF INSTRUCTIONS:

All parts of the form must be filled out in the same manner as for an individual Library card.



piercecountylibrary.org 253-548-3300