

Library Card Registration Form



Washington County
Cooperative Library Services

Your WCCLS library card is an all-access pass to books, movies, music, learning platforms, local adventures, and much more. Cards are free for Washington County residents.

Please Print

Name on ID: _____
Last First Middle

Preferred Name: _____
(if different from ID) Last First Middle

Home Address: _____

Mailing Address: _____
(if different from above)

Phone Number: _____

The password for your library account will default to the last four digits of your phone number.

Email: _____

Date of Birth: MM / DD / YYYY _____

WCCLS sends account notifications to cardholders about holds, due dates, overdue materials, etc. Please choose how you would like to receive your notifications. Select one:

Email

SMS

Email & SMS

Phone

Statement of Responsibility

I verify that the above information is correct and agree with the following:

I accept full responsibility for the use of this card and for payment of any fees billed to my account.

I assume financial responsibility for materials borrowed and understand that this card is not transferable. I will immediately notify the library if my card is lost or stolen. If the library does not receive notification, I understand that I am responsible for any material borrowed on the card.

I will promptly notify the library of a change of address, email address, or telephone number.

By providing my email address, I agree to receive occasional marketing emails from WCCLS. I can unsubscribe at any time.

Staff Use Area

Date _____ Initials _____ Stat Class _____

Library BC# _____