Library Card Registration

Robey Memorial Library 401 1st Ave NW Waukon, IA 52172

563-568-4424 | robeymemorial@waukon.lib.ia.us | www.waukon.lib.ia.us

DO NOT WRITE ON LINE ABOVE Patron No.	If student, grade: Age, if under 14:
I, (Print Full Name)	*Driver's License #: (staff initial)
agree to obey all the rules and regulations of Robey Memorial Library, to pay promptly all fines charged against me for the injury/damage or loss of books, and to give	
immediate notice of change of address, phone number, or e-mail address.	Work Phone:
Home address:	
City: County:	*If Driver's License does not have current address a Utility Bill with
State: Zip Code:	address must be verified by (staff initial)
Home phone: Cell phone:	
E-mail address:	
	For Office Use Only:
Patron Signature (if under 14 years of age, parent or guardian's signature)	Date of application: Patron type:

- Please fill out as completely as possible.
- Bring to Front Desk :
 - Completed Registration
 - Valid photo ID **OR** Utility Bill with current address for verification.