

Military Member (Last, First, MI) please print	Rank	Preferred Name (nickname)
Home Address (Street, City, State & ZIP)		
Squadron/Office Symbol	Home Phone	Duty Phone
Home Email (optional)		
Military Email		@us.af.mil
Patron Code (<i>circle one</i>) Active Reserve Retired Spouse Dependent DOD Civilian Student Contractor		
Branch of Service (<i>circle one</i>) Air Force Army Coast Guard Marines Navy National Guard		
Privacy Act Statement: Authority: Chapter 31, Title 44 USC Section 3101 & EO 9397. Principle Purpose: Provide contact for overdue notices. Routine Uses: Files used by library personnel to locate patrons & administer program. Requested information is voluntary. Without the information library materials may not be removed from library.		
I hereby agree to comply with all regulations of this library & assume responsibility for any materials taken by my dependents or me.		
Signature		Date

Names of Dependents (Last, First, MI) MUST be over 10 years of age

_____ Relationship _____ Library Privileges **Y N**

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_____ Relationship _____ Library Privileges **Y N**

COMPLETE IF YOU ARE FROM ANOTHER BASE, BRANCH OR RESERVE

SUPERVISOR'S NAME:

SUPERVISOR'S DUTY PHONE:

SUPERVISOR'S E-MAIL: