

Library Registration Form

Military Member/Sponsor (Last, First, MI): _____

Military Member Service Branch (circle): Air Force Reserve Guard Space Force Navy Army Marine CG

Military Member/Sponsor Code: ACTIVE RETIRED DOD CIVILIAN CONTRACTOR

Your Relationship with Military Member/Sponsor: SELF SPOUSE DEPENDENT OTHER

Your Name (if not the Military Member) (Last, First, MI): _____

Your Primary Email: _____

Your Alternate Email (OPTIONAL): _____

Your Primary Phone: _____

Your Alternate Phone (OPTIONAL): _____

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 the bldg..

By signing this Registration Form, I hereby agree to comply with all regulations of this library and assume responsibility for replacement of any lost or damage materials taken by me or my dependents in accordance with DAFI34-101, Ch. 17, Para. 17.

SIGNATURE

DATE

COMPLETE IF YOU ARE FROM ANOTHER BRANCH OR A RESERVIST

SUPERVISOR'S NAME: _____

SUPERVISOR'S DUTY PHONE: _____

SUPERVISOR'S DUTY EMAIL: _____