

Iowa Tribe of Oklahoma Library  
Membership Registration Form

Library Card Number: \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

County: \_\_\_\_\_

K12 school (if applicable): \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

If minor, Guardian Name: \_\_\_\_\_

ITO tribal member roll number: \_\_\_\_\_

*Use this card to check out books and other materials. We know you will treat them as your own. Your signature above indicates you agree to comply with library rules and accept responsibility for materials checked out to this card and/or any associated late fees for unreturned or damaged library materials. Please promptly notify us of any change of name or address.*

(check all that apply)

Utility bill attached

Photo ID attached.

Received a copy of the Iowa Tribe of Oklahoma Public Library Circulation Policy

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_