

LIBRARY REGISTRATION FORM FOR WAMC STAFF AND STUDENTS

PLEASE PRINT:

LAST NAME: _____

FIRST NAME: _____

MILITARY RANK/TITLE: _____

PATRON CATEGORY: MILITARY STAFF MILITARY STUDENT
 CIVILIAN STAFF CIVILIAN STUDENT

WAMC DEPARTMENT/CLINIC: _____

WORK PHONE #: _____

ADDITIONAL CONTACT #: _____

EMAIL ADDRESS: _____

STUDENTS:

SCHOOL/PROGRAM NAME: _____

FINAL WAMC ROTATION END DATE: _____

CONTRACTORS:

CONTRACTOR EMPLOYED BY: _____

COMPANY POINT OF CONTACT NAME:
_____ PHONE#: _____

APPLICANT SIGNATURE: _____

DATE: _____

FOR LIBRARY STAFF USE:

LIBRARY BARCODE NUMBER:

ENTERED BY:

EXPIRATION DATE (1 YR) :

DATE ENTERED IN VOYAGER: