

Community Borrower Registration

Date _____

First Name _____

Last Name _____

Telephone (____) _____

Email _____

Street Address _____

City _____ State _____

Zip Code _____

Annual Fees
Individual: \$30
Family: \$50

Patron Notified:
Date: _____
Name: _____

Make Check payable to Warren Wilson College – Library
You will be notified when your borrower card is ready

Alumni Borrower Registration

Date _____

First Name _____

Last Name _____

Telephone (____) _____

Email _____

Street Address _____

City _____ State _____

Zip Code _____

Year Graduated _____

Patron Notified:
Date: _____
Name: _____