



Friends of the Library

Please submit in person at Watson Library Office, Shreveport Nursing Library or the NSU Leesville Library.

Date:

Name:

One Card Number :

Birthdate:

Mailing Address:

City:

State:

Zip:

Email (Required because notices are on sent by email)

Home Phone:

Work Phone:

Work Address:

City:

State:

Zip:

By Signing this document, the Friend of the Library Agrees to abide by all Library Rules and procedures. Abuse of library privileges means immediate termination of privileges.

Signature:

Approved: