



## Italian Cultural Institute - Washington, DC

### Library Card Application

---

**Year:**

#### Contact Information

Full Name	
Street Address	
City/State/ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Profession	
Gender	
DOB	
ID (Type/Number)	

A refundable deposit of \$100 is required at the time of the application together with a copy of a valid photo ID and a bill statement as proof of address. Refunds of deposits will be processed each year after December 15.

Memberships do not renew automatically and a new application is required for the following year.

#### Agreement and Signature

I affirm that I read and agree to the Terms and Conditions for the Use of the Italian Cultural Institute Library (see Library Rules and Regulation Pamphlet).

Name (printed)	
Signature	
Date	