State Library of North Carolina
State Agency Employee Registration Form

Name Last _____ First _____ Middle (Initial) _____

State Agency Information

Position Title _____

State Agency _____

Section/Division/Department _____

_____

Work Mailing Address (MSC, if applicable) _____

City _____ State NC Zip Code _____

Office Telephone Number _____

Email Address _____

Home Information

Street Address/Apt# _____

City_____ State NC Zip Code _____

Home Telephone Number _____

How did you hear about the State Library? (Check one or more)

__Coworker __Supervisor __Human Resources __Librarian __Library Brochures
__Library web site __Other (please list)_____

Please fax this completed form to the Information Desk at (919) 733-5679, or bring in person to the State Library Information Center at 109 E. Jones Street, Raleigh, First Floor. If possible, please pick up library cards in person.

Any Questions? Call the Information Desk at (919) 807-7450.

For Staff use only… *Library Card Number* _____
Date _____ *Staff* _____ *ID* _____