



MILWAUKEE TOOL LIBRARY

Tool Library Membership Application

Thank you for joining the Milwaukee Tool Library. Please complete the information below and return to a volunteer (probably Evan). Upon approval, your membership will be activated. Welcome!

Your Information

Name _____

—

Address _____

—

Phone _____

—

Email _____

—

Are you at least 18 years of age? ____ YES ____ NO

I have read and agree to abide by The Milwaukee Tool Library's Tool Use Policy.

I especially read the part that said all tool rentals are for **one week**. *That was my favorite part.*

Signature

Date of Agreement

Tool Library Use Only

Date ____ / ____ / ____

Volunteer

Name _____