

Valid at all MORE-member libraries

2/25

Name:			Date of b	irth: / /
Legal name, if different:	first	middle		
Other name(s) used for a MORE library card, if any:				_
Parent/Guardian, if borrower is under 18:				_
Mailing address:				
street			city, state	zip
Street address, if different:				
street			city, state	zip
I live in the ☐ Township ☐ Village ☐ City of			_ in	County
Phone: ()	Alternate Pho	ne: ()	
Method of contact for hold pick-up and overdue notice ☐ Email. Address:	es (choose one):			
☐ Phone. Calls will be placed to the first phone	number listed abo	ove	_	
☐ Text this number:				sign on back –
	fidential according to \	WI Statute 43.30)	2/25
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	Registratio	n	M Date of b	ORE-member librarie
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Name: last last	first	middle	Date of b	ORE-member librarie
Name: Legal name, if different:	first	middle	Date of b	ORE-member librarie
Name: Legal name, if different: Other name(s) used for a MORE library card, if any:	first	middle	Date of b	ORE-member librarie
Name: Legal name, if different: Other name(s) used for a MORE library card, if any: Parent/Guardian, if borrower is under 18:	first	middle	Date of b	ORE-member librarie
Name: Legal name, if different: Other name(s) used for a MORE library card, if any: Parent/Guardian, if borrower is under 18: Mailing address: street Street address, if different:	first	middle	Date of b	NORE-member librarie
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Data on this card is confidential according to WI Statute 43.30



- → I hereby apply for the right of borrowing privileges at libraries within the MORE library consortium. I agree to comply with library rules and regulations, to pay all fines, to make good any loss or damage to books or materials incurred by me, and to give immediate notice of any change of residence.
- → In the event my library card is lost or stolen, I understand that I am responsible for charges on my account until the date the library is notified of its loss or theft.
- → If signing a library card application for a juvenile, I accept responsibility for fines and charges on that child's card and acknowledge that it is my responsibility, not the library's, to monitor and approve my child's choice of library materials and/or other information resources.
- → I understand that I can request library records for my custodial child/ward under age 16 (WI Statute 43.30).

signature		parent/guardian sig	parent/guardian signature			
			Staff Use Only			
☐ Identity verified			☐ Residence verified			
	metho	d/id		'	method	
Created by:	/		Checked by:	/		
	Initials	date		Initials	date	
Barcode:			Act 150:			
Notes:						

Your Responsibilities

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