

Valid at all MORE-member libraries

ame:			Date of birth:	/ /
gal name, if different:	last first middl	le		
her name(s) used for a MOF	RE library card, if any:			
rent/Guardian, if borrower				
ailing address:	street		city, state	zip
reet address, if different:				
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ve in the	ip □ Village □ City of	in		County
one: ()	Alternate Phone, if any:	()		
ethod of contact for hold pio	ck-up and overdue notices (choose one):			
	placed to the first phone number listed above			
·	Data on this card is confidential according to WI Statu	te 43.30]	9/22
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- → 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 signature			date	
			Staff Use Only			
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	method/io	d	-		method	
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