

Name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
last first middle

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 city, state zip

Street address, if different: \_\_\_\_\_  
street city, state zip

I live in the  Township  Village  City of \_\_\_\_\_ in \_\_\_\_\_ County

Phone: ( ) \_\_\_\_\_ Alternate Phone, if any: ( ) \_\_\_\_\_

Method of contact for hold pick-up and overdue notices (choose one):

- Email. Address: \_\_\_\_\_
- Phone. Calls will be placed to the first phone number listed above

Data on this card is confidential according to WI Statute 43.30

9/22

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9/22

# more Your Responsibilities

- 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

Identity verified \_\_\_\_\_  
method/id

Residence verified \_\_\_\_\_  
method

Created by: \_\_\_\_\_ / \_\_\_\_\_  
Initials date

Checked by: \_\_\_\_\_ / \_\_\_\_\_  
Initials date

Barcode:

Act 150:

Notes:

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