

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

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	
<input type="checkbox"/> Identity verified _____ <small>method/id</small>	<input type="checkbox"/> Residence verified _____ <small>method</small>
Created by: _____ <small>Initials / date</small>	Checked by: _____ <small>Initials / date</small>
Barcode: _____	Act 150: _____
Notes: _____	