



# Library Borrower Registration

Valid at all  
MORE-member libraries

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

Legal name, if different: \_\_\_\_\_ last \_\_\_\_\_ first \_\_\_\_\_ middle \_\_\_\_\_

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 \_\_\_\_\_ Country

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ optional

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
- Text. Number: \_\_\_\_\_ Carrier: \_\_\_\_\_



# 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 \_\_\_\_\_ date \_\_\_\_\_  
parent/guardian signature \_\_\_\_\_

### Staff Use Only

Identity verified \_\_\_\_\_  Residence verified \_\_\_\_\_

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

Barcode: \_\_\_\_\_  
Record #: \_\_\_\_\_ Act 150: \_\_\_\_\_

Notes:

Data on this card is confidential according to WI Statute 43.30