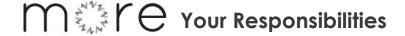


$\bigcap \mathbb{R}^{\mathbb{N}^{1/2}} \cap \mathbb{C}$ Library Borrower Registration

Valid at all **MORE-member libraries**

Name:				Date of birth:	/ /
last		first	middle		
Legal name, if different:					
	last	fir	rst	middle	
Parent/Guardian (if borrower is	s under 18):				
Mailing address:					
	street			city, state	zip
Street address, if different:					
•	street			city, state	zip
I live in the ☐ Township ☐ Vil	lage 🏻 City of			in	County
Phone: ()		Alternate	a Phone: (١	
1 Hone		Alleman	t none. <u>(</u>	optional	
Method of contact for hold pick	-up and overdue	notices: (choos	e one)		
Email. Address:	·	·	·		
Phone. Calls will be p					
Text. Number:	Carrier:				
·					



- → 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								
Staff Use Only												
☐ Identity verified				Residence verified								
	m	nethod/id	<u></u>			method						
Created by:	/		Checked by:			/						
,	Initials	date			Initials	date	_					
Barcode:			Record #:		Act 150:							
Notes:												
L		Data on this	card is confidential a		7/18							