

ADULT

Name (Last, First, Full Middle) _____

Street Address _____ City _____ State _____ Zip _____

Main Phone (_____) _____ Other Phone (_____) _____

I reside in the City Township Village of _____ in _____ County.

Mailing Address _____ City _____ State _____ Zip _____
(if different from above)

Date of Birth (MM/DD/YYYY) ____/____/____

Preferred method of contact for hold and overdue notices

Phone Email: _____

We may send alerts about new library services or programs.
 Opt Out

Your MORE Responsibilities

I hereby apply for the right of borrowing privileges at libraries within the MORE library consortium. I agree to comply with all its 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 or key 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.

 Signature _____ Date _____

Data on this card is confidential according to WI Statute 43.3

----- Staff Use Only -----

Date _____ Barcode 2/ _____ PTRN Type _____

Temp. Res. Yes No County _____ Notice Pref z p a

PTRN Alias _____ Act 150 _____ Staff Initials _____