

## 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 (available online at [ecpubliclibrary.info/library-policies](http://ecpubliclibrary.info/library-policies)), 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 \_\_\_\_\_

**This form must be presented in person with proof of your current residential street address (driver's license, mail/bills, or anything official that shows your name and current street address).**

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 \_\_\_\_\_