

ADULT

Legal Name (Last, First, Full Middle)

Preferred Name

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...



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