



MORE Library Borrower Registration
Card Valid at All Participating MORE Libraries

 **L.E. Phillips Memorial
Public Library**
400 Eau Claire Street

ADULT

Legal Name (Last, First, Full Middle) _____

Preferred Name (if different from above) _____

Street Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email: _____

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

Mailing Address (if different from above)

_____ City _____ State _____ Zip _____

Date of Birth (MM/DD/YYYY) ____/____/____ Create PIN Number

Preferred method of contact for hold and overdue notices

☐ Phone Call

☐ Email

☐ I'd like to receive texts in addition
to email or phone notifications.

☐ I'd like regular updates about
library services and events.

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), 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 a valid photo ID. For a Full Use Library Card, proof of your current residential address must also be presented.

Data on this card is confidential according to WI Statute 43.3

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

Date _____

Barcode 2/ _____

PTRN Type _____

☐ Basic ☐ Full

County _____

Notice Pref z a p t

PTRN Alias _____

Act 150 _____

Staff Initials _____