MORE Library Borrower Registration

Card Valid at All Participating MORE Libraries

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

CHILD
(under 16)

Child's Legal Name (**Last, First, Full Middle**) _____

Child's Preferred Name (if different from above) _____

Parent's Name(s) _____

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 _____

Child's DOB (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.

Internet Access Options

☐ Internet access allowed.
☐ No Internet through age 15.

Materials Access Options

☐ Basic: 2 item limit, no holds, no kits
☐ Full: 100 item limit, holds and kits allowed

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.

Parent's/Guardian's Signature _____ **Date** _____

This form must be presented in person by both guardian and child. For a Full Use Library Card, proof of 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 _____

Family Link _____ County _____ Notice Pref z a p t

PTRN Alias _____ Act 150 _____ Staff Initials _____

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