MORE Library Borrower Registration

Card Valid at All Participating MORE Libraries

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

STUDENT

Legal Name (**Last, First, Full Middle**) _____

Preferred Name (if different from above) _____

Local Street Address _____ City _____ State _____ Zip _____

Phone (_____)_____ Email: _____

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

Permanent 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 permanent 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 _____

rev. 3/17/2025