

# MORE Library Borrower Registration

Valid at all participating MORE libraries

Please **print** legibly

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Full Middle

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Parent/Legal Guardian (if borrower under 18): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I live in  Township  Village  City of \_\_\_\_\_ in \_\_\_\_\_ County

Mailing Address (if different than above): \_\_\_\_\_

Alternate Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Driver's License number or parent/legal guardian ID: \_\_\_\_\_ State: \_\_\_\_\_

Choose one preferred method of contact for hold pickup and overdue notices:

- Cell phone / Home phone (circle one)
- Text Message \_\_\_\_\_ cell provider (AT&T, Verizon, etc.) *Charges may apply depending on your cell phone plan.*
- E-mail \_\_\_\_\_

Data on this form is confidential according to WI Statute 43.30

## Your Responsibilities

I hereby apply for borrowing privileges at any of the participating MORE libraries. By signing this card I agree to comply with the policies of each member library with which I do business. By becoming a MORE library cardholder, I accept the following responsibilities:

- Any library materials checked out on my card are my sole responsibility.
- I will promptly return all borrowed items by the due date or pay overdue charges.
- I will pay any replacement costs assessed for lost, unreturned or damaged materials.
- I will not lend my library card to others.
- I will promptly report any change in address.
- I will promptly report a lost or stolen card.
- I will obey the rules of behavior when visiting the library.
- If signing a library card application for a juvenile, I accept responsibility for fines and charges on that child's card and acknowledge that it is my responsibility, not the library's, to monitor and approve my child's choice of library materials and/or other information resources.
- I understand that I can request library records for my custodial child/ward under 16 (WI ST 43.30).

I understand that failure to act responsibly may result in suspension of my library borrowing and use privileges, and that failure to pay library fines or return library materials may result in local and state criminal penalties.

\_\_\_\_\_  
Signature Signature of Parent or Guardian Date

STAFF USE ONLY: Date Entered \_\_\_\_\_ Barcode 20386 \_\_\_\_\_ Staff Initials \_\_\_\_\_