

## Valid at all MORE-member libraries

	-					
Name:	last	first	middle	Date of I	oirth:	/ /
egal name, if different:			mudie			
Other name(s) used for a MO	RE library card, if any	y:				
Parent/Guardian, if borrower	is under 18:					
Mailing address:	stre	204		city, state		
Street address, if different:	stre			city, state		zip
live in the ☐ Townsh	iip □ Village □ City o	of		in		County
Phone: ( )		Alternate Phon	e, if any: _(	)		
☐ Phone. Calls will be		is confidential accord		43.30		9/22
n in the year	our Respons	ibilities				
→ I hereby apply for th to comply with librar materials incurred by	y rules and regulat	tions, to pay al	l fines, to ma	ke good any loss	or damage	_
→ In the event my libra until the date the lib				responsible for	charges on	my account
→ If signing a library ca card and acknowled choice of library mat	rd application for a ge that it is my res	a juvenile, I aco ponsibility, not	cept responsi t the library's	•	_	
→ I understand that I ca	an request library r	ecords for my	custodial chi	ld/ward under ag	e 16 (WI St	atute 43.30).
signature			parent/guard	lian signature		date

signature parent/guardian signature date

Staff Use Only

☐ Identity verified ☐ Residence verified ☐ method/id ☐ method

Created by: / Checked by: / Initials ☐ date

Barcode: Act 150:

Notes: ☐ Att 150: ☐ Mate ☐ Mate ☐ Method ☐