

MORE Library Borrower Registration

Valid at All Participating MORE Libraries

ADULT

Name (Last, First, Full Middle)						
Have you had a card with a different last name? If so, list.						
Street Address		Apt #				
City	Sta	ate	_Zip			
Main Phone () Other Phone ()					
I reside in the \Box City \Box Township \Box Village of	in			_ County.		
Mailing Address City (if different from above)		_State _	Zip _			
Date of Birth (MM/DD/YYYY)/ DL# or Other ID			State			
Preferred method of contact for hold and overdue notices		-	send alerts a			
□ Email:		library se	rvices or pro	o grams. Opt Out		

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, 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

FRIDAY MEMORIAL

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Hold Pick Up Authorization:

Wisconsin law generally prohibits the release of information from patron records to anyone unless prior written permission has been given. Borrowers who wish to allow others to pick up materials being held in their name must indicate authorized persons below before library materials will be released.

I authorize the following person(s) to pick up my library materials. I understand that these items will be checked out on my library card and I am responsible for those items.

Name:			Name:						
Name:			Name:						
	Data on this car	d is confiden	tial according to Wis.	Statut	e § 43.30				
Staff Use Only									
Date	County		PTRN Type		Staff Initials				
Temp. Res.(circle) Yes No	o Act 150		Notice Pref (circle) z p	а		rev. 1/2018			