

Library Card Application

- Photo I.D. (WI driver's license, WI state I.D. card)
- Proof of current address (i.e. recent mail, checkbook)



Name: _____
Last First Middle

Birthdate: ___ / ___ / ___ Female Male N/A Previous Name: _____

Residential Address: _____
Street City/Village State Zip

County of Residence: _____ Town: _____

Mailing Address: (Complete if different from residential address) _____ (If outside city/village limits)
Street City/Village State Zip

Email: _____

Primary Phone: _____ Alternate number: _____

- Would you like to receive emails regarding Library or Friends events? Yes No
- Would you like a 2-day advance item due notice via email? Yes No
- I would prefer to be notified of my holds by: [CHOOSE ONE]
 - Email (same-day notification)
 - Phone call (next-day notification)
 - Text (next-day notification, cell phone only)
 - No hold notices

Acceptance of Responsibility (Read Carefully):

- I will be responsible for all materials checked out on this card, including materials checked out by others with or without my consent, unless I have immediately reported my card as lost or stolen.
- I will report my card lost or stolen, and any information changes immediately. I understand that the library cannot send me notices if I do not update my contact information.
- I will comply with all library rules and policies.
- I understand that there will be charges for lost, damaged, and stolen library materials and may be overdue charges. Fines/fees cannot exceed \$10 for patrons living at the same residence and must be paid in full for my card to be valid.
- I understand that I am responsible for notifying library staff of missing parts or damage to materials prior to taking the items from the library.
- I understand that the library provides access to a broad range of materials and that it is my responsibility to judge for myself and my minor dependents what materials are appropriate for my/our use.

PATRON SIGNATURE _____ DATE: _____

FOR JUVENILES (AGE 0-17), PLEASE COMPLETE:

Parent or Legal Guardian Signature _____ Relationship: _____

Parent or Legal Guardian Name (please print): _____ DOB: _____

STAFF USE ONLY:

<input type="checkbox"/> I.D. Verified	<input type="checkbox"/> New Card	<input type="checkbox"/> CCAP Review
<input type="checkbox"/> Proof of address	<input type="checkbox"/> Address Change	<input type="checkbox"/> Communication Pref Complete
<input type="checkbox"/> Guardian review	<input type="checkbox"/> Lost Card	Patron Cat. _____
<input type="checkbox"/> Previous name review	<input type="checkbox"/> Renewal	PSTAT (Sort 1) _____
DL# _____	<input type="checkbox"/> Name Change	Same Household _____
Staff Init./Date _____	<input type="checkbox"/> WEB USE ONLY (exp. 1 month)	2nd Review Staff Init/Date _____

Application to Director due to (Circle one): ID incomplete | Old record w/fines/family block | CCAP block | Other: