

**Name:** \_\_\_\_\_

LAST

FIRST

MI

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** WI **Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_ **TXT/Phone Carrier** \_\_\_\_\_

**Email Notification:** \_\_\_\_\_

**Municipality: City/Village/Town of:** \_\_\_\_\_

**Driver's License or State ID Number:** \_\_\_\_\_

(If applicant is a minor child use parent/guardian information)

**Birth Date:** \_\_\_\_\_ **M** \_\_\_\_ **F** \_\_\_\_\_

**Alternate Street Address:** \_\_\_\_\_

**Alternate City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Emergency Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

I apply for the right to use the library and agree to obey all rules, take care of all materials I use, pay all charges, and give prompt notice of a lost card or materials or of any changes of this information. I understand the library is not responsible for damage to personal property that occurs when using library materials. I agree that this card is the property of the library and may be revoked if warranted.

**Signature of applicant or parent/guardian:** \_\_\_\_\_

**Optional Service: Approval for maintaining a library reading/item history:** This feature is associated with personal data in your patron account. Such data may be accessed by law enforcement personnel without your consent (USA Patriot Act signed by George Bush 10/26/2001)

Signature of applicant or parent/guardian: \_\_\_\_\_

**Optional Service: Please associate my account with the following family members:**

Staff Use: \_\_\_\_\_