

YOUR **MORE** 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 _____

Act'iso Info _____

Patron Alias _____

Staff Initials _____

Notes _____

MORE

My Online Resource

Library Borrower Registration

Valid at all participating MORE libraries

Please print legibly

Name: _____ Date: _____
Last First Full Middle

Parent/Guardian (if borrower under 18): _____

Street Address: _____ City: _____ State: _____ Zip: _____

I reside in Township Village City of _____ in _____ County

Mailing Address (if different than above): _____

Alternate Address: _____ City: _____ State: _____ Zip: _____

Phone: Home _____ Cell _____ Date of Birth: ____/____/____

Driver's License: # _____ State: _____

OR Other ID: _____

Preferred Method of Contact for Holds and Overdue Notices: choose one

E-mail (address): _____ Phone Mail Text (cell provider): _____

Charges may apply

Data on this card is confidential according to WI Statute 43.30

Over →