WVLS Library Borrower Registration
Valid at all WVLS Libraries
Data on this card is confidential according to WI statute 43.30
Please print and fill in all information, Thank you.

Legal Name: Surname(s)	First	F	Full Middle(s)		
Farmary Maria of Surrage (a)					
Former Name: Surname(s)					
Date of Birth: Month / Day / Ye	ar Preferred Name(s):				
Local Address: Number & Stree	t, Apt #, P.O.Box	City	State	Zip Code	
Mailing Address (If different fro	om Local): Number & Street, Apt #	City	State	Zip Code	
County (Local Address)		City/Town/\	ty/Town/Village (Local Address)		
I hereby apply for borrowing privileges at Lik	E-mail: one Number	=	tact me by text	=	
understand that failure to act responsibly m fines or return library materials may result in	nt, I agree to comply with the policies of each me ay result in suspension of my library borrowing a n local and state criminal penalties. In the event r until the date the library is notified of its loss or t	nd use privileges, a	and that failure	e to pay library	
	to ID with current address or accompanying proo Military Tribal Passport Green Card	of address at the	time of applica	ation.	
Borrower / Patron / Guardian's	Signature	Date:			
If signing a library card application for a juve	enile, I accept responsibility for fines and charges	on that child's card	d. Initial		
	ot the library's, to monitor and approve my child's brary records for my custodial child/ward under		•	als and/or other –	
My child/ward of 12 years of age or older ha guardian must accompany a minor under 12	as permission to use Internet Stations. There are 2 years of age. Initial	no filters on the Int	ternet Station. NO	A parent or	
Child's or Ward's Legal Name: S	Surname(s), First, Full Middle(s)	Date of B	irth: Mont	h/Day/Year	
	ODE4 Card Link		Staff Initia		
Proof of ID:	Barcode:				