

Library Name
Address
City, WI ZIP

Legal Name: Surname(s) First Full Middle(s)
/ /

Former Name: Surname(s) Birthdate: Month / Day / Year Preferred Name(s)

Current/Local Address: Number & Street, Apt #, P.O.Bo City State Zip Code

If different from above, Voting/Permanent Address: Number & Street, Apt # City State Zip Code

County (Local Address) City/Town/Village (Local Address)

Phone Number: E-mail:
Contact Preference: ☐ Phone Number ☐ E-mail ☐ Text ☐ Mail Only

This space is intended for libraries to add other custom fields that are locally necessary such as patron linking, juvenile patron types, other notes

If signing a library card application for a child/ward, I accept responsibility for return of library materials and any fines or charges incurred. I acknowledge that fines and charges accrued by my child/ward may be due and payable by me on behalf of my child/ward at the option of the library. Initial _____

I acknowledge that it is my responsibility, not the library's, to monitor and approve my child's/ward's choice of library materials and/or other resources. I understand that I can request library records for my custodial child/ward under 16. Initial _____

I understand that there are no filters on the library's internet stations. With that knowledge, my child/ward has permission to use the library's internet stations. Initial _____

I hereby apply for borrowing privileges at **Library Name** and all WVLS V-Cat Libraries. Data on this card is confidential to the extent provided at WI statute 43.30. WVLS and all V-Cat Libraries may contact me by text, phone, email or mail about my library activity; the library is not responsible for the confidentiality of these contact points; charges may apply. By signing this agreement, I agree to comply with the policies of each member library with which I do business. 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. If my library 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 (or Patron Guardian's Signature) Date:

Print Legal Name Birthdate: Month / Day / Year

Additional Patron Guardian's Signature (optional) Date:

Print Legal Name Birthdate: Month / Day / Year

You must present a government-issued ID with current address or accompanying proof of address at the time of application.

Proof of ID: Driver's License State ID/permit Military Tribal Passport Green Card

Library Staff Use only:	PCODE4 _____	Card Link _____	Staff Initials _____
Proof of ID:	Barcode:		