

WEST BEND COMMUNITY MEMORIAL LIBRARY
Application for ADULT Library Borrowers Card

Please print clearly with an ink pen. Photo ID and proof of current address is required for full library privileges.

1. Last Name: _____ First: _____ Middle: _____

2. Mailing Address: _____ Unit: _____

City: _____ State: _____ Zip Code: _____

3. Street Address (if different): _____ Unit: _____

City: _____ State: _____ Zip Code: _____

4. Notification Preference: ___ Email **or** ___ Phone Call **and/or** ___ Text Msg (optional)

5. Email Address: _____

6. Phone Number: _____ Carrier (text only): _____

7. Male: _____ Female: _____

8. Taxing Municipality: _____

9. 4-Digit PIN (the last 4 numbers of phone number is preferred): _____

10. Date of Birth: Month _____ Day _____ Year _____

11. Aldermanic District (City of West Bend residents only) _____

12. Driver's License Number: _____

13. Please allow the following individuals the ability to check out my holds on my account by presenting their library card. **Name(s):** _____

Note: Anyone who presents your card will have the privilege to check out with it.

PLEASE READ AND SIGN BELOW

By signing below you take responsibility for all material borrowed on this card including charges for overdue, damaged, and lost material. Please report lost or stolen cards. The library is not responsible for verifying that a customer presenting a card is authorized to use it. Applicants residing in another Monarch System libraried area will be considered registered at that library and may receive notifications from that library.

Signature _____ Date _____

For Library Use Only

Barcode Number _____

Staff Initials _____