



# LIBRARY CARD APPLICATION

*Photo ID and proof of current address is required for full library privileges.*

### PLEASE READ AND SIGN

I take responsibility for all material borrowed on this card and associated juvenile cards, including charges for overdue, damaged, and lost material.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please report lost or stolen cards. The library is not responsible for verifying that a person presenting a card is authorized to use it. Applicants residing in a Sheboygan, Dodge, Washington, or Ozaukee county municipality with a library will be considered registered at that library and may receive notifications from that library.*

**Circle account type:    Adult    Juvenile    Name Change    Adult Guardianship**

1. Applicant Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Guardian Last Name (if applicable): \_\_\_\_\_ First: \_\_\_\_\_

Former Last Name (if applicable): \_\_\_\_\_ First: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Notification Preference:    \_\_\_ Email    **or**    \_\_\_ Phone Call    **and/or**    \_\_\_ Text Msg (optional)

4. Email Address: \_\_\_\_\_

5. Phone Number: \_\_\_\_\_ Carrier (text only): \_\_\_\_\_

6. Taxing Municipality: \_\_\_\_\_

7. 4-Digit PIN (the last 4 numbers of phone number is preferred): \_\_\_\_\_

8. Date of Birth of Applicant:    Month \_\_\_\_\_    Day \_\_\_\_\_    Year \_\_\_\_\_

9. Aldermanic District (City of West Bend residents only): \_\_\_\_\_

10. Driver's License Number: \_\_\_\_\_

11. Please associate my card with the following cardholders to allow checkout privileges:

\_\_\_\_\_

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

**ADDITIONAL JUVENILE ACCOUNTS** *(if applicable)*

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Barcode: \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Barcode: \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Barcode: \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Barcode: \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Barcode: \_\_\_\_\_

**For Library Use Only**

**Applicant Barcode:** \_\_\_\_\_ **Staff Initials:** \_\_\_\_\_

Merge  **Former Barcode:** \_\_\_\_\_ **Registered At:** \_\_\_\_\_

*Based on stat class, then barcode.*

