

FAMILY LIBRARY CARD

APPLICATION

For Multiple Members of the Same Household



GENERAL INFORMATION - PLEASE PRINT CLEARLY

All information is kept confidential and used only for library purposes per WI Statute 43.30.

APPLICANT 1	LAST NAME		FIRST NAME		MIDDLE INITIAL	
	BIRTHDATE / /		EMAIL			
	ADDRESS			APT. No.		PO Box
	CITY			STATE		ZIP
	PHONE (Last 4 Digits Will Be Your Password) () -			ALTERNATE PHONE () -		
	NOTIFICATION OPTIONS <input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Text Message - Cellular Provider _____ <input type="checkbox"/> Email and Text					
	<input type="checkbox"/> I would like to maintain my reading history					
APPLICANT 2	LAST NAME		FIRST NAME		MIDDLE INITIAL	BIRTHDATE / /
	EMAIL			PHONE (Last 4 Digits Will Be Your Password) () -		
	NOTIFICATION OPTIONS (Please Select One.) <input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Text Message - Cellular Provider _____ <input type="checkbox"/> Email and Text					
	<input type="checkbox"/> I would like to maintain my reading history					
APPLICANT 3	LAST NAME		FIRST NAME		MIDDLE INITIAL	BIRTHDATE / /
	EMAIL			PHONE (Last 4 Digits Will Be Your Password) () -		
	NOTIFICATION OPTIONS (Please Select One.) <input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Text Message - Cellular Provider _____ <input type="checkbox"/> Email and Text					
	<input type="checkbox"/> I would like to maintain my reading history					

APPLICANT 4	LAST NAME	FIRST NAME	MIDDLE INITIAL	BIRTHDATE / /
	EMAIL		PHONE (Last 4 Digits Will Be Your Password) () -	
	NOTIFICATION OPTIONS (Please Select One.)			
	<input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Text Message – Cellular Provider _____ <input type="checkbox"/> Email and Text <input type="checkbox"/> I would like to maintain my reading history			

PROOF OF IDENTIFICATION REQUIRED

Government issued picture I.D. with current home address information and proof of temporary address with name associated.

PLEASE READ AND SIGN

Patron may borrow any circulating item in the CAFÉ collections. Cardholder agrees to the following:

- I will follow all Oconomowoc Public Library rules and policies as listed on the library’s website.
- I am responsible for all costs and fees for lost or damaged materials and equipment.
- I am responsible for fines for materials returned after due date.
- I am responsible for attorney’s fees incurred in material recovery or in collection.
- I agree to report loss/theft of my card as soon as possible. I am responsible for all materials borrowed on my card up to the time I report it lost/stolen.
- As a parent/guardian, I am responsible for the selection and return of all materials borrowed by my children (under 18 years old), and for children’s use of all library services, including internet.
- I understand by opting to maintain my reading history that such data may be accessed by law enforcement personnel without my consent.

By signing this application, patron acknowledges all information is correct and that they understand these rules.

APPLICANT 1 SIGNATURE	_____	DATE	_____
APPLICANT 2 SIGNATURE	_____	DATE	_____
APPLICANT 3 SIGNATURE	_____	DATE	_____
APPLICANT 4 SIGNATURE	_____	DATE	_____
PARENT/GUARDIAN SIGNATURE	_____	DATE	_____
PRINT PARENT/GUARDIAN NAME	_____	DATE	_____

FOR LIBRARY USE ONLY – DO NOT WRITE BELOW THIS LINE

Barcode 1 _____

Barcode 2 _____

Barcode 3 _____

Barcode 4 _____

Municipal Code _____ Staff Initials _____