

# SLINGER COMMUNITY LIBRARY

## Library Card Application / Update Form

LAST NAME		FIRST NAME		
ADDRESS				APT NO.
CITY	STATE	ZIP CODE	I pay taxes/vote at City, Village or town of: _____	
PHONE (____) _____ - _____	BIRTHDATE (MM/DD/YY) ____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female	DRIVER'S LICENSE # (if applicable) ____ - ____ - ____ - ____	

Check ONE option below for receiving messages from the library.

- Phone
- Email \_\_\_\_\_ @ \_\_\_\_\_
- Text Message      Cell phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Provider: \_\_\_\_\_

\_\_\_\_\_ I would like to allow the library patrons listed below to pick up my holds for me.

Wisconsin law prohibits the release of information from patron records, unless prior written permission has been given.

Name:	Barcode:
Name:	Barcode:

\* I agree to observe the policies established by Slinger Community Library. I agree to be responsible for materials borrowed on this card. I also agree to pay any fines or other charges for late, lost or damaged materials.

**SIGNATURE OF APPLICANT** \_\_\_\_\_

### FOR PARENT/GUARDIAN of MINOR APPLICANT - Age 15 and Under

LAST NAME of PARENT/GUARDIAN	FIRST NAME of PARENT/GUARDIAN
PHONE # (____) _____ - _____	WI DRIVER'S LICENSE # OR I.D. # ____ - ____ - ____ - ____

- \_\_\_\_\_ My child IS allowed internet access at the library.
- \_\_\_\_\_ My child is NOT allowed internet access at the library.

I assume responsibility for library materials borrowed by this minor.  
 I agree to pay any fines or other charges for late, lost or damaged materials.  
 Each family shall have the right and responsibility of setting age-appropriate standards. The library staff is not responsible to enforce standards set by the family.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_

### STAFF USE

BARCODE	DATE/INITIALS	<input type="checkbox"/> New Card	<input type="checkbox"/> Address Update
		<input type="checkbox"/> Replacement	<input type="checkbox"/> Linking