

SLINGER COMMUNITY LIBRARY

Library Card Application / Update Form

LAST NAME		FIRST NAME		MIDDLE INITIAL	
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:
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Name:	Barcode:
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* 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