

WEST BEND COMMUNITY MEMORIAL LIBRARY
Application for ADULT Library Borrowers Card

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

1. Last Name _____ First _____ Middle _____
2. Street Address _____ Apt# _____
3. City _____ State _____ Zip Code _____
4. Phone Number _____
5. Email Address _____
6. Notification Preference _____ Email _____ Phone _____
7. Would you like an additional text message? _____ Yes _____ No
If yes, please give phone number _____ Carrier _____
8. Male _____ Female _____
9. Taxing Municipality _____
10. 4-Digit PIN (the last 4 numbers of phone number is preferred) _____
11. Date of Birth Mo. _____ Day _____ Year _____
12. Driver's License Number _____
13. Aldermanic District (West Bend City Residents Only) _____

_____ Yes, I would like to receive the West Bend Library e-newsletter in my email. *Please provide email above.*

_____ Yes, Please allow someone else to pick up and check out my holds on my account by presenting their library card. **Name:** _____

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

PLEASE READ AND SIGN BELOW

The person to whom this card is issued is responsible for all material borrowed on the card. **The West Bend Library charges fines for materials kept past the due date and for lost or damaged items.** Customers are advised to report lost or stolen cards immediately. The library accepts no responsibility to verify that a customer presenting a card is authorized to use it. By signing this application you are accepting responsibility for all items checked out on your card regardless of who presents it.

Signature _____ Date _____

For Library Use Only

Barcode Number _____ Staff Initials _____