WEST BEND COMMUNITY MEMORIAL LIBRARY
Application for JUVENILE 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. Parent or Guardian Name_____

13. Parent or Guardian Address (if different than applicant)_____

14. Parent or Guardian Phone (if different than applicant)_____

15. Parent or Guardian Driver's License Number_____

16. Do you give permission for this borrower to check out videos or DVDs? _____Yes _____ No

17. Do you give permission for this borrower to check out **R rated** DVDs? _____Yes _____ No

18. Do you give permission for this borrower to have internet privileges? _____Yes _____ No

   _____Yes, I would like to receive the West Bend Library e-newsletter in my email.

   _____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 material 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.

Parent/Guardian_____Date_____

For Library Use Only

Barcode Number_____ Staff Initials_____

7.2018