



MORE Library Borrower Registration

Valid at All Participating MORE Libraries

FRIDAY MEMORIAL
Library
LEARN EXPLORE CONNECT

ADULT

Name (Last, First, Full Middle) _____

Legal Name, if different _____

Have you had a card with a different last name? If so, list. _____

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Main Phone (_____) _____ Other Phone (_____) _____

Email _____

I reside in the ☐ City ☐ Township ☐ Village of _____ in _____ County.

Mailing Address _____ City _____ State _____ Zip _____

(if different from above)

Date of Birth (MM/DD/YYYY) ____/____/____

DL# or Other ID _____ State _____

Preferred method of contact for hold and overdue notices (choose one)

☐ Phone ☐ Text ☐ Email

We may send alerts about new library services or programs.

☐ Opt Out

Account Access Authorization (optional):

Wisconsin law generally prohibits the release of information from patron records to anyone unless prior written permission has been given. Borrowers who wish to allow others to access their account for purposes including, but not limited to: checking out materials, managing holds, or monitoring checkouts must indicate authorized persons below before the library will release the materials or information. Authorized individuals will not be allowed to make changes to personal information on the account.

I authorize the following person(s) to access my library account. I understand that I am responsible for any items checked out on my account, regardless of who checked them out.

Name: _____ Name: _____

Name: _____ Name: _____

Your MORE Responsibilities

I hereby apply for the right of borrowing privileges at libraries within the MORE library consortium. I agree to comply with all its rules and regulations, to pay all fines, to make good any loss or damage to books or materials incurred on this account, and to give immediate notice of any changes to personal information. In the event my library card or key card is lost or stolen,



I understand that I am responsible for charges on my account until the date the library is notified of its loss or theft.

Signature _____ Date _____

Data on this card is confidential according to Wis. Statute § 43.30

Staff Use Only

Date _____ County _____ PTRN Type _____ Staff Initials _____

Temp. Res.(circle) Yes No

Act 150 _____

Notice Pref (circle) z p t

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