

# SLINGER COMMUNITY LIBRARY

## Library Card Application / Update Form

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS		I pay taxes and/or vote at:
CITY	STATE	ZIP CODE
( ) -	/ /	Male
PHONE	BIRTHDATE (MM/DD/YYYY)	Female
EMAIL ADDRESS		Would you like to sign up for our newsletter? (Approx 4x per year)    yes <input type="checkbox"/> no <input type="checkbox"/>

- City of
- Village of
- Town of

I would like to be notified of my holds and reminders by: (choose one)

Phone   
  Email   
  Text - Carrier \_\_\_\_\_

**Optional** - Would you like to allow someone else who has a library card to pick up holds for you?

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

\_\_\_\_\_ I allow the library patron listed below to pick up my holds for me. (Additional persons can be added to back of form)

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 PARENT/GUARDIAN	FIRST NAME PARENT/GUARDIAN	MIDDLE INITIAL
PHONE # ( ) -		

\_\_\_\_\_ 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	PHOTO ID	PROOF ADDRESS
			___ New Card	___ Address Update
			___ Replacement	___ Linking