

MARATHON COUNTY PUBLIC LIBRARY

LIBRARY CARD APPLICATION

LEGAL NAME: _____
Surname(s) First name Full middle name(s)

FORMER NAME: Surname(s): _____

CURRENT / LOCAL ADDRESS:

Street (no P.O. boxes please) _____

City State & ZIP code County

MUNICIPALITY: City | Village | Town of: _____

VOTING / PERMANENT ADDRESS:

Street (no P.O. boxes please) _____

City State & ZIP code County

CONTACT PREFERENCE: Phone: _____ Email: _____

Wisconsin Valley Library Service and all V-Cat member libraries may contact me by text, phone, email or mail about my library activity; the library is not responsible for the confidentiality of these contact points; charges may apply.

AGREEMENTS:

I hereby apply for borrowing privileges at the Marathon County Public Library and all V-Cat member libraries in the Wisconsin Valley Library Service. Data on my library account is confidential to the extent provided in Wisconsin statute 43.30.

I agree to comply with the policies of the V-Cat member libraries with which I do business. I understand that failure to act responsibly may result in suspension of my library privileges, and that failure to pay library fines or return library materials may result in local and state criminal penalties.

If my library 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 signed: _____

Printed name: _____ Birth date: _____

PARENT / GUARDIAN: If the person above is less than 18 years old, their parent / legal guardian must apply in person and complete the following:

I accept responsibility for return of library materials and any fines or charges incurred. I acknowledge that fines and charges accrued by my child/ward may be due and payable by me on behalf of my child/ward at the option of the library.

I understand that there are no filters on the library's internet stations. With that knowledge, my child/ward has permission to use the library's internet stations.



SIGNATURE: _____

Printed name: _____

Date signed: _____

Birth date: _____

Staff initials: _____