



LIBRARY CARD APPLICATION

_____/_____/_____
LAST NAME FIRST NAME M.I. D.O.B.

STREET ADDRESS

CITY STATE ZIP CODE

CONTACT INFORMATION

() _____
PHONE NUMBER PHONE CARRIER (EX: ATT, VERIZON, ETC.)

EMAIL ADDRESS EMAIL NEWSLETTER? ☐ YES ☐ NO

NOTIFICATION PREFERENCE (PLEASE CHECK ONE OR BOTH)*

☐ EMAIL ☐ TEXT MESSAGE

***These notifications are sent as a courtesy only. Failure to receive these notifications does not remove your responsibility to return library items promptly and pay fines.**

I agree to be responsible for materials checked out on the library card issued under my name. I agree to comply with all library policies and procedures, both present and future, and will give prompt notice of change of name, address, phone number or loss of library card.

SIGNATURE OF APPLICANT DATE

IF APPLICANT IS UNDER 18: Parent / legal guardian is responsible for the selection and return of materials borrowed by the child to whom the card is issued.

PRINTED NAME OF PARENT / LEGAL GUARDIAN (IF CHILD IS UNDER 18)

SIGNATURE OF PARENT / LEGAL GUARDIAN DATE

SEE REVERSE FOR THINGERY AGREEMENT AND ADDITIONAL FAMILY MEMBERS UNDER 18

OPTIONAL THINGERY AGREEMENT

The Thingery is our lending library of things. Inclusive in the collection are Awesome Notables (i.e. Explore Passes, Kayaks, Paddleboards) and various pieces of equipment (i.e. Nintendo Switch, PS4, sewing machine) which require a signed agreement by a library card holder 18 years of age or older. By borrowing a Thingery Awesome Notable item, I agree:

- To abide by the Mukwonago Community Library's Thingery lending guidelines.
- To return Thingery items to the Circulation Desk of the Mukwonago Community Library.
- To pay a \$5.00 fine per Thingery item if returned in the book drop or to a library other than the Mukwonago Community Library. Explore Passes may be returned in the Mukwonago Community Library book drop.
- To pay full repair and / or replacement costs should the Thingery item or any part of the item is/are stolen, lost, not returned or damaged.

I acknowledge that the library is not responsible for any injury, loss, or damage that may occur from use.

Signature of Applicant _____

NAMES OF OTHER FAMILY MEMBERS UNDER 18 AT THE SAME RESIDENCE APPLYING FOR A CARD:

_____/_____/_____
LAST NAME FIRST NAME M.I. D.O.B.

LIBRARY CARD NUMBER _____

_____/_____/_____
LAST NAME FIRST NAME M.I. D.O.B.

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_____/_____/_____
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LIBRARY CARD NUMBER _____

_____/_____/_____
LAST NAME FIRST NAME M.I. D.O.B.

LIBRARY CARD NUMBER _____

STAFF USE ONLY: Type of ID _____ **Initials** _____ **Date** _____

LIBRARY CARD NUMBER _____