

# KENOSHA COUNTY LIBRARY SYSTEM REGISTRATION FORM

Residents from reciprocal libraries must present their local library card to apply for a Community Library or Kenosha card.

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Preferred First Name

Previous Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_ City, Town, Village: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Municipality: \_\_\_\_\_

Residence Address (if different from above): \_\_\_\_\_

Choose a 4 Digit PIN: \_\_\_\_\_ Notification Preference: Email  Phone Message  Text Message

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

I will present my library card each time I check out materials. My signature on this application indicates my agreement to follow the Library's rules and policies, in exchange for access to the Library's collections and services. I accept responsibility for all the materials charged to this card, including fines and fees assessed to it. If this card is lost or stolen, I will report it to the Library as soon as possible. I will report any change to the information provided on this form to the Library as soon as possible. I understand the charge for a replacement card is \$1.00.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

## For Juvenile Borrowers (ages 0-17)

Since the applicant is 17 or under, I, as the parent/guardian, agree to be responsible as set forth in the paragraph above. I further understand that the library maintains access to a broad range of materials and that it is my responsibility to judge for myself and for my children/minor dependents the appropriateness of that material for my/our personal use.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

---

To be completed by Library staff Temp Card

Barcode Number: \_\_\_\_\_ Employee Initials: \_\_\_\_\_