

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) (Previous last name)

Birth Date: _____ / _____ / _____
(Month) (Day) (Year)

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: _____

Telephone 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: _____