

Lester Public Library Card Application

User ID # 23388000_____

Name: _____
(Last Name) (First Name) (M.I.)

Birth Date: ____ / ____ / ____

Address: _____
(Street) (Apt.#)

(City) (State) (Zip Code)

Home Phone: (____) _____ Cell Phone: (____) _____

Email address: _____

Would you like to receive the Lester Public Library electronic monthly newsletter? Yes No
(email required)

Which county do you live in? (Circle one)

Manitowoc Calumet Sheboygan Fond du Lac Kewaunee Brown Outagamie Other

In the City Township Village of _____

Alternate address: (for visitors and short-term residents)

(Street) (Apt.#)

(City) (State) (Zip Code)

Please read and sign below:

- I understand that the library charges fines for materials kept past the due date, for lost or damaged items, and for replacement cards.
- I understand that if I give this library card to anyone else, it constitutes authorization for that person to view my account and borrow materials for which I will be responsible.
- I accept responsibility for all materials borrowed with this card and all fines accrued.
- I also agree to obey all the rules of the library.
 - I certify that I am the legal parent or guardian of this applicant and accept responsibility for materials borrowed on this card.
 - I certify that I am 18 years of age or older.

Name: _____
(Please print)

Signature: _____

<u>Staff Use Only</u>
Date: _____
Staff Initials: _____
USER -CAT : _____
Notify by: _____