

MARATHON COUNTY PUBLIC LIBRARY
LIBRARY CARD APPLICATION

NAME: _____
Last First Middle

Maiden / Former Name(s): _____

BIRTH DATE: _____ / _____ / _____ MALE | FEMALE

MUNICIPALITY: CITY | VILLAGE | TOWN of: _____

ADDRESS: _____
Street (no P.O. boxes please)

City State & ZIP Code County

PHONE #: _____

EMAIL: _____

PROOF OF ID: *You (or your parent / legal guardian if less than 18 years old) must present a government-issued photo ID with current address or accompanying proof of address at the time of application to receive a card.*

AGREEMENT: *"I agree to obey all Marathon County Public Library policies, to promptly pay all charges incurred by the account associated with my library card, and to give immediate notice of any contact information changes or the loss of this card. I understand I will be unable to borrow library materials or use certain library resources without presenting this card or proof of identification."*

SIGNATURE: _____ DATE: _____

PARENT / LEGAL GUARDIAN

If the person above is less than 18 years old, their parent / legal guardian must apply in person on behalf of the child and complete the following:

NAME: _____
Last First Middle

Maiden / Former Name(s): _____

BIRTH DATE: _____ / _____ / _____ PHONE #: (if different) _____

ADDRESS: _____
(if different) Street (no P.O. boxes please)

City State & ZIP Code County

AGREEMENT: *"As the parent or legal guardian of the child identified on this form, I understand that I am responsible for this child's (1) selection and return of library materials, (2) use of library computers and other resources, and (3) repayment of any library fines or fees incurred."*

SIGNATURE: _____

Date: _____



Staff Initials: _____