



Alice Baker Memorial Library

Application for a Borrower's Card

ALL INFORMATION IS CONFIDENTIAL. PATRON PRIVACY IS PROTECTED PER WISCONSIN STATUTE CHAPTER 43.30

PLEASE PRINT

Last Name _____ First Name _____ MI _____

Mailing Address _____ Apt. # _____

City _____ State _____ Zip _____ County _____

EMAIL: _____ PHONE: _____

CELL PHONE: _____ CARRIER _____ (If you choose text notification)

Birthdate ____/____/____ Check one M F

Please Read and Sign

I verify that the above information is correct. I agree to follow the rules of Alice Baker Memorial Library. I will pay all costs, fees, and fines for materials lost, damaged, or returned late, including costs and attorney's fees incurred in recovery of materials or in collection. I assume all financial responsibility for all materials and equipment borrowed with this card.

Signature of Applicant	Date	Signature of Parent/Guardian	Date

Would you like information on FABLE (Friends of Alice Baker Library) membership? _____

If card applicant is **under age 17, a parent/guardian's name and address** is required.

Please PRINT that information below.

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

INTERNET PERMISSION FORM ON BACK

For Staff Use:

PIN: birth year _____ ID used for Address: _____

Municipal Code: _____ Non-Waukesha County Resident? _____

How was card holder referred to Alice Baker? _____

Card # _____

Staff Initials: _____

Replacement Card #:

Replacement Card #:

Rev. 8/23

Last Name

First

Middle

Internet Permission