



WVLS Library Borrower Registration

RHINELANDER DISTRICT LIBRARY

Wisconsin Valley Library Service

Valid at all WVLS Libraries

Please print legibly

Name: _____
Last First Full Middle

Parent/Guardian (if borrower under 18): _____

Street Address: _____ City: _____ State: _____ Zip: _____

I reside in Township of _____ in _____ County

Mailing Address (if different than above): _____

Alternate Address: _____ City _____ State: _____ Zip: _____

Phone: Home _____ - _____ - _____ Mobile: _____ - _____ - _____ Date of Birth: ____/____/____

Drivers License or WI ID: _____ State: _____

OR Other ID: _____

Preferred Method of Contact for Holds and Overdue Notices: (choose one)

Email: _____ Phone Text: sign up at your account in V-Cat (charges may apply)

Data on this card is confidential according to WI statute 43.30

Over ↘



Your WVLS Responsibilities

I hereby apply for borrowing privileges at any of the participating WVLS Libraries.

By signing this card I agree to comply with the policies of each member library with which I do business.

By becoming a WVLS library cardholder, I accept the following responsibilities:

- *Any library materials checked out on my card are my sole responsibility.
- *I will promptly return all borrowed items by the due date or pay overdue charges.
- *I will pay any replacement costs assessed for lost, unreturned or damaged materials.
- *I will not lend my library card to others.
- *I will promptly report any change in address.
- *I will promptly report a lost or stolen card.
- *I will obey the rules of behavior when visiting the library.

*If signing a library card application for a juvenile, I accept responsibility for fines and charges on that child's card and acknowledge that it is my responsibility, not the library's to monitor and approve my child's choice of library materials and/or other information resources.

*I understand that I can request library records for my custodial child/ward under 18 (WI ST 43.30)

I understand that failure to act responsibly may result in suspension of my library borrowing and use privileges, and that failure to pay library fines or return library materials may result in local and state criminal penalties.

Signature

Signature of Parent or Guardian

Date

STAFF USE ONLY

Barcode _____ Act 150 Info _____ Patron Alias _____ Staff Initials _____