

KENOSHA COUNTY LIBRARY SYSTEM REGISTRATION FORM

Residents from reciprocal libraries must present their local library card to apply for a Kenosha card.

Please print:

Name: _____
(first) (middle) (last)

Gender: _____ Birth Date: _____ / _____ / _____
(optional) (month) (day) (year)

Mailing Address: _____

City/Town/Village: _____ State: _____ Zip Code: _____

Choose a 4 Digit PIN: ____ Telephone Number: _____

Residence Address (if different from above): _____

Email Notification: _____ ID Number: _____

Text Message Notification: _____
(cell phone number) (service provider)

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 0-15*)

Since the applicant is 15 or under, I, as the parent/guardian, agree to be responsible as set forth in the paragraph above. I also accept responsibility for the selection of materials and information accessed by this person.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

To be completed by Library Staff:

Barcode Number: _____