



Antigo Public Library Card Application
 617 Clermont Street
 Antigo, WI 54409



Legal last name(s)	Legal first name	Full middle name(s)
Former last name(s)	Birthdate (month/day/year)	Preferred name
Local/ mailing address: number & street, apt number, or P.O. box		City State ZIP Code
(If different) permanent residence/voting address: number & street, apt number		City State ZIP Code
Township/municipality	County	Contact preference (check one) <input type="checkbox"/> Phone call <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Mail
Phone number	Email address	

If signing a library card application for a child/ward, I accept responsibility for return of library materials and any fines or charges incurred. I acknowledge that fines and charges accrued by my child/ward may be due and payable by me on behalf of my child/ward at the option of the library. Initial _____

I acknowledge that it is my responsibility, not the library's, to monitor and approve my child's/ward's choice of library materials and/or other resources. I understand that I can request library records for my custodial child/ward under 16. Initial _____

I understand that there are no filters on the library's internet stations. With that knowledge, my child/ward has permission to use the library's internet stations. Initial _____

I hereby apply for borrowing privileges at the Antigo Public Library and all WVLS V-Cat Libraries. Data on this card is confidential to the extent provided at WI statute 43-30. WVLS and all V-Cat Libraries may contact me by text, phone, email or mail about my library activity; the library is not responsible for the confidentiality of these contact points; charges may apply. By signing this agreement, I agree to comply with the policies of each member library with which I do business. 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. If my library card is lost or stolen, I understand that I am responsible for charges on my account until the date the library is notified of its loss or theft.

Signature (or parent/guardian signature) _____

_____	Date (month/day/year)
Print parent/guardian's full legal name (including middle)	Birthdate (month/day/year)
(optional) Additional parent/guardian's signature	Date (month/day/year)
Print additional parent/guardian's full legal name (including middle)	Birthdate (month/day/year)

You must present a government-issued ID with current address or accompanying proof of address at the time of application.

Library staff use only: PCODE4 _____ Barcode: 23414 _____

ID: Driver's license State ID/permit Military Tribal Passport Green card Other: _____

Staff initials: _____