

Name: _____
(Last Name) (First Name) (M.I.)

Birth Date: ____ / ____ / ____

Address: _____
(Street) (Apt.#)

(City) (State) (Zip Code)

Home Phone: (____) _____ Cell Phone: (____) _____

Email address: _____

Would you like to receive the Lester Public Library’s monthly digital newsletter? ☐ Yes ☐ No
(email required)

Which county do you live in? (Circle one)

Manitowoc Calumet Sheboygan Fond du Lac Kewaunee Brown Outagamie Other

In the ☐ City ☐ Township ☐ Village of _____

Alternate address: (for visitors and short-term residents)

(Street) (Apt.#)

(City) (State) (Zip Code)

Please read and sign below:

- I understand that the library charges for lost or damaged items.
 - I understand that if I give this library card to anyone else, it constitutes authorization for that person to view my account and borrow materials for which I will be responsible.
 - I accept responsibility for all materials borrowed with this card and all charges accrued.
 - I agree to follow all library rules.
- ☐ I certify that I am the legal parent or guardian of this applicant and accept responsibility for materials borrowed on this card.
- ☐ I certify that I am 18 years of age or older.

Name: _____ (_____)
(Please print) Parent’s DOB

Signature: _____

Staff Use Only

Date: _____

Staff Initials: _____

USER –CAT : _____

Notify by: _____