



201 W. Mifflin Street Madison, Wisconsin, 53703-2511  
(608) 266-6388 - (608) 266-4419

### ORGANIZATIONAL BORROWER REGISTRATION FORM

Organization Name (Please Print) \_\_\_\_\_

Organization Mailing Address \_\_\_\_\_  
Street Address City State Zip

Organization Phone Number (\_\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

E-Mail Address \_\_\_\_\_

I would prefer to be notified of my holds by:  Email  Phone

Name of Authorized Borrower \_\_\_\_\_  
(Leave blank if card to be shared)

Organization Representative \_\_\_\_\_

Representative Address \_\_\_\_\_  
Street Address City State Zip

Representative Phone Number (\_\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

#### ACCEPTANCE OF RESPONSIBILITY (Read carefully!)

- I will be responsible for all materials checked out on this card, including materials checked out by others with or without my consent, unless I have previously reported the loss of my card.
- I will report a lost or stolen card, or any change of personal information (name, address, phone, email), immediately.
- I will comply with all library rules and policies.
- I understand that there will be charges for overdue, lost, damaged and stolen library materials.
- I understand that the library provides access to a broad range of resources and that it is my responsibility to judge for myself and for my children or minor dependents what resources are appropriate for my/our personal use.

\_\_\_\_\_  
Signature  
Signatory agrees to accept financial responsibility