



LIBRARY CARD APPLICATION

Today's Date _____/_____/_____

Birth Date _____/_____/_____

Name _____

First

MI

Last

Mailing Address _____

Street or P.O. Box

Apt

City

State

Zip

Phone (_____) _____ - _____ Cell Phone Provider _____

E-mail _____

Street Address if different from above or Address of Parent/Legal Guardian is different from above

Street

Apt

City

State

Zip

Phone (_____) _____ - _____ E-mail _____

HOLDS:

How do you want to receive notification that a hold has arrived? **(circle your choice)**

***Note: Text notification will arrive between 8am-8:30pm (15 minutes after your hold has arrived)**

1. Text

2. E-mail

3. Phone

ITEM DUE REMINDER:

How do you want to receive notification that your items are due soon and/or overdue? **(circle your choice)**

***Note: Text reminders for this will arrive between 2am-2:30am (you can set "do not disturb" on your phone)**

***Sorry we are unable to do phone calls for items coming due**

1. Text

2. E-mail

I give permission for the following individuals to have access to information about my account. Without permission no one will be able to access your account:

Name

Relationship

Name

Relationship

BORROWER'S AGREEMENT

Read Before Signing!

I agree:

- To be responsible for all materials borrowed with my card.
- To pay all fines and fees associated with my card.
- To report the loss, theft, or abuse of my card immediately. I understand I am responsible for all fines and fees and any items checked out on my card prior to being reported lost or stolen. I understand there is a fee to replace a lost (not stolen) card.
- To report changes in my account information.
- This is my only library card from a Next library.
- I will always have my library card or photo ID for checkout. I will not be allowed to checkout if I do not have one of these items.

Your Signature:

X _____ Date _____

PARENT/LEGAL GUARDIAN AGREEMENT

Select the profile for this borrower (required):

_____ COMPUTER/INTERNET ACCESS. Borrower will be able to use library computers and/or internet access while at the Eudora Public Library.

As a parent or legal guardian of this borrower under the age of eighteen, I agree:

- To be responsible for this borrower's selection and use of library materials.
- To pay all fines and fees associated with this card.
- To report the loss, theft, or abuse of this card immediately. I understand I am responsible for all fines and fees and any items checked out on my card prior to being reported lost or stolen. I understand there is a fee to replace a lost (not stolen) card.
- To report changes in my account information.
- This is my only library card from a Next library.
- The borrower will always have their library card or photo ID for checkout. They will not be allowed to checkout if they do not have one of these items.

Name and Signature of Parent/Legal Guardian:

(Please Print) _____
(Last) (First) (MI)

(Please Sign) X _____ Date _____

FOR OFFICE USE

☐ New ☐ Minor Only Double Checked by (staff name): _____ Date: _____

Did You Verify:

☐ Address ☐ Photo ID? (18+)
☐ Checked for Duplicate Library Card?

Staff name _____ Date _____

Library Card Number _____