



15 N Main St. Mendon, UT 84325
(435) 774-2200

First Name: _____ Last Name: _____

Street Address: _____ City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

(If mailing address is the same as street address, please indicate as "same")

Email address: _____

Primary Phone Number: _____ Cell Number: _____

Contact Person:

We require the contact information of a friend, relative, or neighbor (someone who doesn't reside in the same household) so that we have a second contact if for any reason we are unable to get in contact with you.

First and Last Name: _____ Phone: _____

Additional People Listed on the Account:

Please list here other individuals who you would like to be able to use your library card. These are the only other individuals who will be allowed to check out items on your account.

By checking this box, I give consent for the use of photographs/video recording to be taken during the usage of my library card for promotional and educational purposes. I do this with complete knowledge and give my consent. I waive all forms of compensation for use or for any harm that may occur. I acknowledge photos on social media will NOT be tagged. Photos/video recording will only be used to help promote library events or further support the mission of the library.

By checking this box, I indicate that I would like to receive the library monthly newsletter to my email.

Please sign on the back page _____→

By signing this application, you agree to adhere to the rules of the library, including:

- I agree to return library materials when they are due.
- I am responsible for all library fines, damages, losses, and collection costs (including legal fees) charged to my account.
- I agree to pay any charges on my card if it is lost or stolen and I fail to report it.
- I understand that I must report any changes in my address or telephone number to the library as soon as possible.
- I understand that my card may be invalid and my account may be deleted if it is not used within three years.

I agree to follow all of the library rules and regulations. I agree to pay all late fees, damaged, or lost materials that are associated with my library card account.

Signature: _____ **Date:** _____

For those under 18 only:

Parent or Guardian's Name: _____

Primary Phone #: _____ Secondary Phone #: _____

As a parent or guardian, I understand that by signing on behalf of this minor I am authorizing his/her full use of the library's facilities and collection including all library materials. This also includes use of the computers with filtered Internet access.

- I agree to ensure this minor's compliance with all library borrowing rules and regulations.
- I realize that I am responsible for all charges incurred by this minor.

Signature of Parent or Guardian: _____ Date: _____

For Staff Use Only

Library Card #: _____ Overdrive Account: _____

Staff Initials: _____ Overdrive User Only: _____

Proof of Residence: _____ Welcome Email Sent: _____

Added to the Email Newsletter? Circle YES or N/A