

Basehor Community Library - - Card Application



Please note: If applicant is under the age of 16, a parent or legal guardian must be present to apply for card.

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

Address: _____ Address 2: _____

City: _____ State: _____ Zip Code: _____

Hold Contact Method: **Circle one only:** Email **OR** Phone **OR** ****Text**

****Text Message Provider:** _____ ****Text Phone No:** _____

Primary Phone: _____ Secondary Phone: _____

Primary Email: _____ Secondary Email: _____

Please fill out information below if you want your child to have their own card.

1 Child Name: _____ Date of Birth: _____

2 Child Name: _____ Date of Birth: _____

3 Child Name: _____ Date of Birth: _____

By signing this application, I agree that I will be responsible for all materials checked out on this card and will abide by BCL circulation policies. I will notify the library of any changes made to my contact information or if my card becomes lost. I understand that my email will be used to send overdue notices and our Library newsletter. You can opt out of receiving our newsletter at any time.

Cardholder Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

For Staff Use

Adult Card Number: 100301201 _____

Mail Newsletter? Y or N

Child 1 Card Number: 100301201 _____

Sunflower Overdrive: _____

Child 2 Card Number: 100301201 _____

Child 3 Card Number: 100301201 _____

	Days in Advance	Text Msg.	Email	Digests Only
Item Due	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advance notice	# Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hold Filled	—	<input type="checkbox"/>	<input type="checkbox"/>	—
Email check-in Receipt	—	<input type="checkbox"/>	<input type="checkbox"/>	—
Email check-out/renewal Receipt	—	<input type="checkbox"/>	<input type="checkbox"/>	—

Staff Initials: _____

Date: _____