

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: _____

Date of Birth: _____

Hold Contact Method: **Select one:** **Email** **OR** **Phone call**

Phone (required): _____

Email (required): _____

Please fill out the information below only 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 _____

Child 1 Card Number: 100301201 _____

Child 2 Card Number: 100301201 _____

Child 3 Card Number: 100301201 _____

	Days in Advance	Phone	Email	Digests Only
Advance notice	# Days		<input type="checkbox"/>	<input type="checkbox"/>
Hold Filled	—	<input type="checkbox"/>	<input type="checkbox"/>	—
Email check-out and renewal	—		<input type="checkbox"/>	—

Staff Initials: _____

Date: _____