



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: friend, relative, neighbor; someone who **doesn't reside** in the same house:

First and Last Name: _____ **Phone:** _____

By checking this box, I give consent for the use of photographs/video recording to be taken during the usage of my library card. I agree to promotional and educational purposes. I do this with complete knowledge and give my consent. I waive all forms of compensations for use or for any harm that may happen. 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.

If under 18, 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 materials whether cataloged for children or adults. This also includes use of the computers with filtered Internet access, which are available at the library.

- 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:** _____

When a patron signs a library card application, she/he agrees to adhere to the rules of the library, a few of which are the following:

- 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 against me.
- 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.
- I understand that my card may be invalid if it is not used within three years.
- If I move outside the Mendon postal code of 84325, my library card may become invalid. Signing here indicates I have read and agree to the Digital Device Agreement and any changes made thereto.

I agree to follow all 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:** _____

All books and books on CD's will be assessed a late fine of .10 per day. DVD's will be assessed a fine of \$1.00 per day. There is a limit of 25 items per card. An Annual fee of \$25.00 per year will be charged to those residents living outside of the 84325 postal code. There is a \$10.00 per day late fee with the Telescope. There is a \$5.00 replacement fee for lost library cards.

Thank you! Mendon Library Staff

For Staff Use Only

Library Card #: _____ **Overdrive User Entered In:** _____

Staff Initials: _____

Proof of Residence: _____ **Overdrive User Only:** _____