



North Kansas City Public Library—Card Application

PLEASE PRINT

Applicants 16 years or older will need to present a valid ID. Please provide your name as it appears on your photo ID.

First Name		Last Name	
Date of Birth	____ / ____ / ____ Month Day Year	Applicants under 13 years of age must have a parent or guardian complete the Parent/Guardian Agreement.	
Email		Email checkout receipts by default?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Would you like Email notifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone Number	(____) ____ - ____ - ____	Would you like text notifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="text"/>	If yes, provide mobile carrier:	
Last 4 numbers will be your PIN			
PIN is automatically the last 4 numbers of your phone number. Can be changed anytime through "My Account" in online catalog.			
Residential Address		Apt. #	
City	State	Zip Code	
P.O. Box (if applicable)	Would you like to receive the Library's monthly newsletter via email? <input type="checkbox"/> Yes <input type="checkbox"/> No		

BORROWER'S AGREEMENT

I agree to abide by library rules regarding behavior, public computer use and borrowing materials. I agree to pay for any loss of or damage to library materials and to pay for overdue fines accumulated on this card. I understand I am responsible for notifying the library in case of loss or theft of this card. Failure to do so will result in my being held liable for materials on this card and for fines incurred on the card. I also agree to inform the library of any changes in account information.

Signature

Date

PARENT/GUARDIAN AGREEMENT

As a parent or legal guardian of this borrower under the age of thirteen, I agree to be responsible for this borrower's selection and use of library materials. I agree to pay for any loss of or damage to library materials and to pay for overdue fines accumulated on this card. I understand I am responsible for notifying the Library in case of loss or theft of this card. Failure to do so will result in my being held liable for materials on this card and for fines incurred on the card. I also agree to inform the library of any changes in account information or my status of parent/guardian.

Signature

Date

STAFF USE ONLY

Card #: 1001000 _____

Staff Initials _____