



# EUGENE PUBLIC LIBRARY CARD APPLICATION

*Please Print Clearly*

Preferred Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Name on ID: \_\_\_\_\_  
(If different) (Last) (First) (Middle Initial)

Residential Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Mailing: (if different) \_\_\_\_\_  
(City) (State) (Zip Code)

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Password (*passwords are case-sensitive*): \_\_\_\_\_  
Month Day Year 4-14 Letters and/or numbers only

Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Carrier (for text notification): \_\_\_\_\_

E-mail address: \_\_\_\_\_ School (if K-12 student): \_\_\_\_\_

<p>Preferred notification option (choose 1):</p> <p><input type="checkbox"/> E-Mail      <input type="checkbox"/> E-Mail &amp; Text      <input type="checkbox"/> Phone      <input type="checkbox"/> Phone &amp; Text</p> <p><b>Standard TXT message fees apply, messages are automatically sent at 9:00 am</b></p>
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***Please read before signing:***

- I verify that the above information is correct.
- I assume financial responsibility for materials borrowed and charges incurred on my library card and understand that this card is not transferable.
- I will immediately notify the library if my card is lost or stolen. If the library does not receive notification, I understand that I am responsible for any material borrowed on the card. I will also promptly notify the library of a change of address, email address or telephone number.
- In using email notification, I will add the library email address ([librarynotices@ci.eugene.or.us](mailto:librarynotices@ci.eugene.or.us)) to my email address book and will monitor my spam/junk files.
- I understand will be signed up for the library e-newsletter. Check here to opt out

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Those under 16 years of age must have parent or legal guardian sign the registration form, and to assume the legal responsibility for materials borrowed from the library.

Print Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

<i>For Staff Use Only</i>			
Barcode # 05450	Patron Type:	Exp. Date:	
<input type="checkbox"/> ID Verified	<input type="checkbox"/> Check Associations	<input type="checkbox"/> Registered Newsletter	<input type="checkbox"/> RLID <input type="checkbox"/> ADFIX
Registered by:	Registration Date:	Form Check:	
		Check Date:	