EFFINGHAM PUBLIC LIBRARY

Library Card Application
BUSINESS

**Business Name____________________________________
**First, Middle and Last Name of Responsible Person:__________________________ (PLEASE PRINT)
**Maiden Name:____
(as it appears on your photo ID or DL)
**Business Street Address:____
(Please No P.O. Boxes)
**Business City, State, ZIP:____
**Business Phone #:__________________________ **Birth date:___________________________
**Responsible Person Phone #:_________________________

Please CHECK ONE below. This is how the library will contact the responsible person.
____Text Message… Cell Phone Service Provider (Ex: AT &T, Verizon, etc.)_________________________
____E-Mail ____
(You will automatically receive **"almost overdue" notices if E-mail or Text Message** notification is chosen.)
_____Yes, I would like to receive EPL's monthly **E-mail** newsletter.
_____Yes, I would like to receive **E-mail** notification of new items added to the library collection.
_____Phone ____________________________________

PIN #: _______ (4 digits to remember/use to access your online account & to check out items)

****Full Driver's License # OR State ID # of Responsible Person or Business Owner**
(if other than IL please indicate the state):__________________________

An Effingham Public Library Card entitles you to borrow materials from the Effingham Public Library. By using the card, you agree to comply with all the rules and regulations of the Effingham Public Library, including the Internet rule, and to pay any and all overdue fines and charges for lost, stolen, or damaged materials. This also applies to any Interlibrary Loan items. Please report a lost or stolen card and any address changes. **The Effingham Public Library is not responsible for the unauthorized use of the library card.** Failure to comply with the library rules may result in the suspension of borrowing privileges.
****Required fields.**

Signature of Business Owner or Responsible Person:____
Date: ______________

FOR STAFF USE ONLY: ____searched by Name/Maiden name Initials:_____ Date:_______

*______ Non-Res. Property Owner

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Barcode: ____________________________________ One Year Expiration Date: _______________