



Hyrum Library
Serving Hyrum, Nibley, and Wellsville
50 W. Main Hyrum, Utah 84319
435-245-6411

Applicant's Name: _____ **Spouse:** _____

Mailing address: _____ **City:** _____ **Zip:** _____

Physical address: _____ **City:** _____ **Zip:** _____

Preferred Phone Number: _____ **Cell:** _____

Email Address: _____

Employer: _____ **Phone:** _____

By checking this box, I hereby give my consent to the use of photographs and/or recording taken during the course of my membership of the library, for promotional and/or educational purposes. (Including publications, presentation, or broadcast via social media, newspaper, or internet sources.) I do this with full knowledge and consent and waive all claims for compensation for use or for any damages that may occur. **Pictures that are posted to social media will NOT be tagged.**

I request the use of the Hyrum Library and by signing agree to obey all rules and regulations of the library. I also agree to pay for any late fees, damaged, or lost materials that are associated with my library card.

Signature: _____ **Date:** _____

All library items check out for three weeks. **Late fees are assessed at \$.05 cents per day per book or CD and \$.25 cents per day per DVD.** A limit of 50 items may be checked out on one family card. An annual fee of \$41.00 per year will be charged to families residing outside of Hyrum, Nibley, or Wellsville.

Under 18:

Guardian signature: _____ **Date:** _____

STAFF USE ONLY:

Proof of Address: _____ **Entered in Overdrive:** _____

Patron Barcode: _____ **Staff initials:** _____ **Overdrive Account:** _____