

Library Card Application - eResource



Last Name * _____

Maiden Name* _____

First Name * _____

Middle _____

Birthdate* _____

Email Address* _____

Street Address * _____

City * _____

State* _____

Postal Code * _____

Phone* _____

Driver's License / ID Number * _____

Notification option * - Please mark your preferred method of contact

Phone

Phone Number _____

Email

Email Address _____

Text

Cell Phone Number _____

Cell Phone Carrier _____

<https://texting.illinoisheartland.org/>

4 Digit PIN Number * _____

An Effingham Public Library eResources Card entitles you to borrow digital materials from the Effingham Public Library.

By using the card, you agree to comply with all rules, regulations and borrowing limits set by the Effingham Public Library, including the internet rules.

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.

***With my signature as Parent / Guardian, I understand that children have access to all digital materials, and I accept responsibility for monitoring my child's access to those digital materials, including the internet.**

Signature: _____

Date: _____