

USER APPLICATION

USER INFORMATION:

FIRST NAME _____ LAST NAME _____ TDL OR DPS # _____
HOME ADDRESS _____ APT. # _____
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE _____ WORK PHONE _____ EMAIL _____

ORGANIZATION INFORMATION: (IF APPLYING AS ORGANIZATIONAL USER)

ORGANIZATION NAME _____
ORGANIZATION ADDRESS _____ PHONE NUMBER _____
CITY _____ STATE _____ ZIP CODE _____

IN CASE OF EMERGENCY CONTACT:

FIRST NAME _____ LAST NAME _____ RELATIONSHIP _____
HOME PHONE _____ WORK PHONE _____

EQUIPMENT USE:

I. LOST, STOLEN OR DAMAGED EQUIPMENT

If any piece of equipment checked out is lost, stolen or damaged while in my possession or actual constructive control, I hereby agree to reimburse Houston MediaSource for the full cost of repairing or, at the option of Houston MediaSource, replacing that piece of equipment.

II. APPROPRIATE USE OF EQUIPMENT

I agree that equipment cannot be used in violation of any law, including US copyright law. I also agree that equipment cannot be used in any way for personal profit or commercial remuneration.

SIGN HERE:

I have received, read and understand the rules and procedures of Houston MediaSource and agree to abide by all terms and conditions stated therein and any amendments to the aforementioned document.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ SIGNATURE OF APPLICANT _____ DATE _____

FOR EEO PURPOSES ONLY:

GENDER: MALE FEMALE

AGE: 16 & UNDER 17-64 64 +

ETHNICITY: AFR. AMERICAN ASIAN CAUCASIAN HISPANIC NAT. AMERICAN MULTI-RACIAL