



Adult Membership Registration Form

Age 18-59 (\$5.00) Age 60+ (FREE!)

Library Card Number: _____

Patron Details

Last Name First Name Middle Name(s)

Date of Birth: ____ / ____ / ____ Gender: MALE FEMALE
dd mm yyyy

Physical Address: _____

District: BT CYB EE GT NS WB

Mailing Address (P.O. Box): _____ Postal Code: _____

Email Address (personal): _____

Email Address (work/business): _____

Home Phone: ____ - ____ Work Phone: ____ - ____

Cellphone #1: ____ - ____ Cellphone #2: ____ - ____

Photo ID (please present one upon application): Passport Driver's Licence Voter's ID Other

ID Number: _____ Country of Issue: _____

I have read the CIPLS Rules and Regulations sheet (provided overleaf) and I agree to abide by these conditions of membership. I also accept responsibility for any fees and all materials (eg. books, dvd's, cd's, etc.) checked out of the Cayman Islands Public Library Service on the borrower's membership card.

Signature: _____ Date: ____ / ____ / ____
dd mm yyyy

For Staff Use Only

Status of Application: PAID PENDING FREE Date: ____ / ____ / ____
dd mm yyyy

Processed by: _____ Signature: _____