CAYMAN ISLANDS
PUBLIC LIBRARY SERVICE
CAYMAN ISLANDS GOVERNMENT

Child Membership
Registration Form

Age 0 to 17 years old (FREE!)

Library Card Number: _____

Patron Details

_____ _____ _____
Last Name First Name Middle Name(s)

Date of Birth: _____ / _____ / _____ Gender: ❑ MALE ❑ FEMALE
dd mm yyyy

Parent/Guardian Details

_____ _____ _____
Last Name First Name Middle Name(s)

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.

_____ Date: _____ / _____ / _____
Parent/Guardian Signature dd mm yyyy

For Staff Use Only

Status of Application: ❑ Entered ❑ Pending Date: _____ / _____ / _____
dd mm yyyy

Processed by: _____ Signature: _____