

## Adult Membership

## **Registration Form**

Age:		18-59		60+	FREE (Limited Offer)
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		Library Card Number: _	To be added by library staff
Member Details	District of Residence:	🗆 ВТ 🗖 СҮВ 🗖	EE 🗖 GT 🗖 NS 🗖 WB
Last Name	First Name	Middle Nar	me(s)
Primary email address:			
Contact #1:	Contact #2:	Contact #	#3:
Gender: 🗖 MALE 📮 FE	MALE Status: 🖵 Ca	ymanian 🛛 Resident 🕻	Non-Resident/Visitor

I have read the CIPLS Rules and Regulations sheet (provided overleaf or upon request) 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:	/	·/	
Name of Member		dd	mm	уууу

UPON COMPLETION, PLEASE RETURN THIS FORM TO: georgetown@caymanlibraries.gov.ky FOR APPROVAL.

For Staff Use Only	Date received :// dd mm yyyy	Processed by:
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