

Child Membership

Registration Form

CAYMAN ISLANDS GOVERNMENT		Age: 〔	□ 0-17yrs	FREE (Limited Offer)
	Library Card Number: To be added by library staff			
Member Details	District of Residence:	□ BT □	СҮВ □ ЕЕ	: 🔲 GT 🗀 NS 🗀 WB
Last Name	First Name		Middle Name	(s)
Gender: 🗖 MALE 🗖 FEMA	LE Status: 🗖 Cay	/manian 🗖	Resident 🚨	Non-Resident/Visitor
Parent/Guardian Details				
Last Name	First Name		Middle Name	(s)
Primary email address:				
Contact #1:	Contact #2:	·	Contact #3	:
I have read the CIPLS Rules and Regulation membership. I also accept responsibility for Islands Public Library Service on the born	or any fees and all materia	ls (eg. books, d		
Parent/Guardian		D	Date:/ dd m	/
UPON COMPLETION, PLEASE R	ETURN THIS FORM TO: geo	rgetown@cayr	manlibraries.gov	<mark>/.ky</mark> FOR APPROVAL.
For Staff Use Only	d:///		Processed by:	