

Adult Membership

Registration Form

CAYMAN ISLANDS GOVERNMENT		A	Age:	18-59 ((\$5.00/yr)		60+ (FREE!)
	Library Card Number: To be added by library staff							
Member Details	District of Residenc	e: 🚨	ВТ □	l CYB □	EE 🚨	GT	□ NS	□ WB
Last Name	First Name			Middle N	Name(s)			
Primary email address:								
Residential/mailing address:								
Contact #1:	Contact #2:		Contact #3:					
Date of Birth:///		ender: atus:		MALE Caymanian			EMALE Resident	
I have read the CIPLS Rules and Regulatio membership. I also accept responsibility fo Islands Public Library Service on the borro	or any fees and all ma	terials (eg.						
Name of Member				Date:	_// /	, уууу	·	
UPON COMPLETION, PLEASE RET	TURN THIS FORM TO Y	OUR DISTRI	ICT LIBR.	ARY FOR API	PROVAL AN	ND PRO	CESSING.	
For Staff Use Only		ууу	_	Processed by	:			