

## **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:	I BT 🗆 CYB 🗀 EE 🗀 GT 🗀 NS	□ WB	
Last Name	First Name	Middle Name(s)		
Date of Birth://	Gender: Status:	☐ MALE ☐ FEMALE ☐ Caymanian ☐ Resident		
Parent/Guardian Details				
Last Name	First Name	Middle Name(s)		
Primary email address:				
Residential/mailing address:				
Contact #1:	Contact #2:	Contact #3:		
	or any fees and all materials (e	upon request) and I agree to abide by the cond eg. books, dvd's, cd's, etc.) checked out of the Cay		
Parent/Guardian		Date: / /		
For Staff Use Only	d:///	Processed by:		