

CAMARENA MEMORIAL LIBRARY

Library Card Registration

(Please bring a current utility bill and picture identification/Favor de traer un recibo de utilidad reciente e identificación con foto)

Name _____
(Please print) Last (Apellido) First (Nombre de Pila) Middle Name (Segundo nombre)

Home Address _____
Domicilio Address Apt. #

City (Ciudad) State (Estado) Zip Code (Código Postal)
Telephone (____) _____ Cell Phone (____) _____
Teléfono Day (Número de día) Celular

Birthdate ____/____/____ Male _____ Female _____
Mo. Day Year

CA Driver's License/ID No. _____

E-mail address _____ Add me to e-mail list Yes ___ No ___

I agree to follow all library rules, to pay promptly all charges for lost and damaged materials, and to give immediate notice of any change of address or loss of library card. Replacement fee for lost or damaged library card is \$2 for adults and \$1 for juveniles. I understand that I am responsible for all materials checked out on this card and that I am the only authorized user of this card/Estoy de acuerdo en obedecer las reglas de esta biblioteca, acepto la responsabilidad de pagar daños justamente cargados y de notificar a la biblioteca de mi cambio de domicilio. Overdue fine: 7th grade and up .15 per day, per book, up to the cost of the book / Multas: 7mo. grado en adelante .15 por dia, por libro, hasta el costo del libro.

Signature of Applicant _____
Firma del aplicante

As a parent/legal guardian, I agree to be responsible for my child's materials and any fees or charges. Any restriction of a child's library materials is my responsibility as the parent/legal guardian / Autorizo que a mi hijo(a) se le faciliten materiales de esta biblioteca y acepto responsabilidad de pagar los daños y perjuicios justamente cargados. Overdue fine: 6th grade and under, .05 per day, per book up to \$1 / Multas: 6to. grado y menores, .05 por dia, por libro hasta un maximo de \$1.

Parent/Legal Guardian's Signature (For ages 0-17) _____

Parent/Legal Guardian's Name (Please print) _____

School _____ Grade _____ Age _____

FOR OFFICE USE ONLY:

Barcode _____ Library Card _____

Staff Initials _____ Date _____