

# 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: 7<sup>th</sup> 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: 6<sup>th</sup> 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 5-17) \_\_\_\_\_

Parent/Legal Guardian's Name (Please print) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

### FOR OFFICE USE ONLY:

Barcode \_\_\_\_\_ Library Card \_\_\_\_\_

Staff Initials \_\_\_\_\_ Date \_\_\_\_\_