



# City of Camas Public Library Card Application

**Name:** \_\_\_\_\_  
(first) (middle) (last)

**Gender:**  Female  Male

**Birthdate:** \_\_\_\_\_  
(month) (day) (year)

<b>For Staff Use</b>	
<b>Barcode:</b> 2327700	
<input type="checkbox"/> Checked for duplicates	
<input type="checkbox"/> Checked ID	
<b>Staff initials:</b>	<b>Date:</b>

**Optional PIN:** \_\_\_\_\_ (the default PIN will be the last four digits of your phone number)

### Mailing

**Address:** \_\_\_\_\_  
(number and street or PO Box\*)  
\*PO Box requires home address  
\_\_\_\_\_  
(city, state, zip)

### Home

**Address:** \_\_\_\_\_  
(number and street)  
(if different) \_\_\_\_\_  
(city, state, zip)

### Contact

**Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_  
(for notices and date due reminders)

Please email me information about library events.

Please email me information about Friends & Foundation of the Camas Library events.

Camas Public Library 03/15

# Camas Public Library Patron Agreement

I apply for the privilege of borrowing materials from the Camas Public Library, and for the privilege of internet access at the library. I agree to be responsible for all materials I borrow and to return them on or before the due date. I agree to pay promptly all losses or damages for which I am responsible, which includes any and all materials borrowed against my library card, whether or not the materials were borrowed by another person or myself. *I understand that the library will turn over my unpaid fees to a collection agency.*

If my card is lost or stolen, I will contact the library immediately. I understand that I am responsible for all materials checked out on my card until I notify the library that my card is lost or stolen.

I understand that the library respects the privacy of all library users, no matter their age. The library will not give out any information concerning my library record, except to a person to whom I have given my library card or card number and PIN. Exceptions are made for court orders or requests made under the authority of the USA PATRIOT Act.

Signature: \_\_\_\_\_

## Responsibilities of Parents/Guardians

I understand that all library materials are available to library users of any age. I take responsibility for guiding my child's use of the library. I understand that the Camas Public Library respects the privacy of all library users, no matter their age. If I wish to access my child's library record, I understand that I must provide my child's library card or card number.

I understand that I am financially responsible for minor children and that I am bound by the above agreement's terms on behalf of the minor.

Signature: \_\_\_\_\_