City of Camas
Public Library Card Application

Name: ____________________________ (first) ____________________________ (middle) ____________________________ (last)

Gender: □ Female  □ Male

Birthdate: ____________________________ (month) ____________________________ (day) ____________________________ (year)

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

Your library records are confidential.  See Reverse for Patron Agreement
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: ____________________________________________________________

Approved  Library Board of Trustees September 2003
City Attorney review June 2003