



City of Camas Public Library Card Application

Name: _____
(first) (middle) (last)

Gender: Female Male

Birthdate: _____
(month) (day) (year)

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

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)

County of Residence: Clark other _____

Please email me information about library events.

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

Camas Public Library 10/13

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: _____