



Camas Public Library

City of Camas Public Library Card Application

Staff Use Only

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

Home Phone: (_____) _____

Optional* PIN _____ (*Your default PIN will be the last four digits of your phone number.) You may change your PIN through the computer catalog.

Mailing

Address: _____
(street or PO Box)
PO Box only requires Home Address or proof of service eligibility

(city, state, zip)

E-mail: _____
(For Hold Pickup, Due Date reminders and Overdue Notices)

Home
Address: _____
(street)

(city, state, zip)

Receive Library Notifications by (select one):

E-mail Includes Due Date Reminder
 Phone Automated

Statistical Information:

County of Residence: Clark Skamania other _____

Birth Date: _____
(month) (day) (year)

Gender: Female Male

Are you affiliated with:

Southwest Washington Medical Center: Physician Volunteer Resident Affiliate Staff

- Please send me information about library events and calendars by email.
- Please send me information about Friends and Foundation events by email.

| |
|--|
| Barcode: 2327700 |
| <input type="checkbox"/> Checked for Duplicate |
| <input type="checkbox"/> Checked ID |
| PIN: |
| PROFILE NAME: |
| CA-RESIDNT = Camas Resident |
| FV-RESIDNT=FVRL Resident |
| CA-NEW=needs proof of address |
| CA-RECIPRO= Non Res. Reciprocal (MIX) |
| CA-FEE= Non Resident Fee |
| CA-TEACHER |
| Entered by Mo/day/yr |

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 may 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: _____

Information for Parents/Guardian Regarding Library Resources

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: _____