

CAREGIVER APPLICATION FORM

We will be happy to issue you a library card upon completion of this application and presentation of a form of identification verifying your name and current address (e.g. driver's licence, personal cheque, etc.) and the name and address of the person being cared for.

THIS MEMBER CARD IS FOR

LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____ CITY _____ POSTAL CODE _____

TELEPHONE (PRIMARY) (____) _____ TELEPHONE (ALTERNATE)(____) _____

BIRTH DATE DD _____ MM _____ YY _____

EMAIL _____

CAMBRIDGE RESIDENT INFORMATION

LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____ CITY _____ POSTAL CODE _____

EXISTING LIBRARY CARD NUMBER (IF AVAILABLE) _____

MEMBER CARD POLICIES

1. The Member card can be used at all Idea Exchange locations and must be presented each time materials are borrowed.
2. Only the person named on the card can use the card.
3. You are responsible for material borrowed on your card until its loss or theft is reported.
4. By signing this form you agree to return all items borrowed on this card, pay fines for overdue materials and pay replacement costs for lost or damaged materials.
5. Parents or Guardians are responsible for the selection, return and payment of charges on all materials borrowed by their children.
6. Report loss of card, change of address or name to Idea Exchange.
7. A replacement fee will be charged for lost or damaged cards.
8. Collection of information on this form is subject to the provisions of the Municipal Freedom of Information and Protection of Personal Privacy Act. Use of this information will be limited to Idea Exchange related activities and may include the retrieval of library materials, fundraising and the delivery of program information.

I HAVE READ AND AGREE TO THE MEMBER CARD POLICIES

SIGNATURE _____