



Care Giver Application Form (Regular)

Queen's Square/Preston/Hespeler/Clemens Mill

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.

CARE GIVER INFORMATION

LAST NAME										FIRST NAME										MIDDLE NAME				
UNIT/APARTMENT #										STREET #					STREET NAME									
CITY										PROVINCE					POSTAL CODE									
BIRTH DATE(DD/MM/YY)					HOME TELEPHONE										WORK TELEPHONE									

- Male
 Female

EMAIL ADDRESS (OPTIONAL) _____

If you supply an email address it will be your primary form of contact – we will not telephone you with holds alerts or overdue notices. You are responsible for checking your email.

DRIVER'S LICENSE # _____

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 library and gallery related activities and may include the retrieval of library materials, fundraising and the delivery of programme information.

CAMBRIDGE RESIDENT INFORMATION

Please fill in all fields below:

LAST NAME										FIRST NAME										MIDDLE NAME				
UNIT/APARTMENT #										STREET #					STREET NAME									
CITY										PROVINCE					POSTAL CODE									
EXISTING LIBRARY CARD NUMBER (if available)																								

I prefer library notices to be sent to (check one): my permanent address the Cambridge address

I understand that this library card provides access to all library materials including videos & DVDs. I accept responsibility for all materials borrowed with this card.

Signature of Care Giver: _____