CASCADE PUBLIC LIBRARY
PATRON APPLICATION

Appendix C

ANNUAL MEMBERSHIPS		SEASONAL/OTHER MEMBERSHIPS
☐ Annual/City/Household	☐ Annual/Teacher	☐ 3-Month/Rural/HH
☐ Annual/Rural/Household	☐ Annual/Student (K-12th Grade)	☐ 6-Month/Rural/HH
☐ Annual/City/Group	☐ Annual/K-Ready	☐ 3-Month/Rural/Group
☐ Annual/Rural/Group	☐ Annual/Staff/Volunteer	☐ 6-Month/Rural/Group
☐ Annual/Scholarship (Must Complete Scholarship Application/Director Approval Required)		

Member/Head Last Name _____ Member/Head/First Name _____

If applicable: Group/Business Name _____

Street Address _____

Mailing Address _____

Phone_____ Drivers License or ID #_____ Email _____

For Residential Memberships -*Include Members You Wish To Be Under Your Household -**(*MUST BE LIVING WITH YOU)**
Name & Relationship (Must Include Any Minors Age/DOB)

_____

_____

For Group/Business Memberships - You are allowed to add one person who may check-out items under your group/business. Please note that you are responsible for all items checked out under this account:
2nd Group Member Full Name _____**Title** _____

PLEASE INITIAL AND SIGN BELOW:

_____ I acknowledge that the Cascade Public Library will not deny or limit access information available via electronic resources. I acknowledge that parents must be responsible for providing guidance to their own children; it is not the role of library staff or volunteers. Unsupervised children who use the internet or check out library materials may be exposed to inappropriate or disturbing information and images. Parents are responsible to discuss the use of the internet with their children in relation to family values and boundaries and monitor their children's use.

_____I agree to be responsible for all items borrowed with the library account issued in the above name, including items borrowed with the library account by the others listed with or without my consent. I promise to comply with all library rules and policies both present and future, and to give prompt notice of change of address or unauthorized use of my library account.

Membership Holder Signature _____ **Date** _____

Parent/Guardian must be present to sign for a minor's membership and take full responsibility of the membership.

Parent/Guardian Signature (Required For Minors) _____ **Date**_____

Parent/Guardian Name (**Please Print**) _____

Office Use Only:

☐ City Membership - Proof of Address Verified ☐ ID Verified Patron Card #_____

Staff Name:_____ Amount Paid, if applicable $ _____