



مكتبة آل قادري

MET Kadri Family Library

Library Card Application Form

Welcome to the MET Kadri Family Library!

A library card is your passport to knowledge and adventure. Please consider your card as valuable as a credit card and keep it secure to prevent misuse. You assume responsibility for all items checked out on the card by anyone and for payment of fines and fees that may be charged to your account. Help us serve you quickly and efficiently by doing the following:

- Keep your account information up-to-date by notifying the library whenever your address or other contact information changes.
- If your card is lost or stolen, notify the library immediately so we can block the account and prevent potential misuse. Photo ID is required to obtain a replacement card.
- Return materials and pay fines and fees promptly.
- Have your library card with you whenever you conduct a library transaction.

Please complete this form and send it with \$25 payment to MET, P.O. Box 283, Portland, OR, 97207 or Fax it to: (503) 590-0201. Once payment is received, you will be contacted to pick up your new library card at the MET Kadri Family Library.

Full Name: _____
(Last) (First) (Middle)

Mailing Address: _____
(Street with Apt #) (City) (State) (Zip)

Email Address: _____

Home Phone: (____ - ____ - ____) Cell/Work Phone: (____ - ____ - ____)

Date of Birth: (__ / __ / ____)
(MM /DD/ YYYY)

Driver's License Number: _____
(Pls provide parent's ID for minors who don't have their own)

Credit Card Type: Visa Master card American Express

Credit Card Number: _____ Expiration Date: _____ CCV Code: _____

Name as it appears on card: _____

Annually, please automatically charge my credit card with the renewal fees: Yes No

Emergency Contact Name & Phone: _____
(Local Person — friend or relative — who could get a message to you in case the library cannot reach you.)

I accept full responsibility for the use of the MET Kadri Family Library card and approve fees to be charged to my credit card due to loss or damage of library items. I will give immediate notice to the library of loss of my library card or change of my contact information or credit card information.

Applicant Signature: _____ Today's Date: _____

STAFF USE ONLY

Date _____ Initials _____ Class _____ Library CN# _____
Parent letter needed: YES NO. Application Fees received: YES NO. Done