

**CARY MEMORIAL LIBRARY REGISTRATION APPLICATION**

列星顿镇凯瑞纪念图书馆借书证申请表  
(PLEASE PRINT IN ENGLISH | 请用英文填写)

NAME | 姓名 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(FIRST | 名) (MIDDLE INITIAL | 中间名缩写) (LAST NAME | 姓)

LEGAL NAME (IF DIFFERENT) 如果與正式姓名不同 : \_\_\_\_\_

DATE OF BIRTH | 出生日期 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(MONTH/DAY/YEAR | 月/日/年)

LOCAL MAILING ADDRESS | 本地邮寄地址

STREET | 街道 \_\_\_\_\_

APT | 公寓号码 \_\_\_\_\_ P.O. Box | 邮箱号码 \_\_\_\_\_

TOWN/CITY | 镇/市 \_\_\_\_\_

STATE | 州 \_\_\_\_\_ ZIP | 邮政编码 \_\_\_\_\_

HOME PHONE 住家电话 \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

OTHER PHONE 其他电话 \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

PERMANENT ADDRESS | 永久地址  
(IF DIFFERENT FROM LOCAL) | (若不同于本地地址)

STREET | 街道 \_\_\_\_\_

APT | 公寓号码 \_\_\_\_\_ P.O. Box | 邮箱号码 \_\_\_\_\_

TOWN/CITY | 镇/市 \_\_\_\_\_

STATE | 州 \_\_\_\_\_ ZIP | 邮政编码 \_\_\_\_\_

HOME PHONE 住家电话 \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

OTHER PHONE 其他电话 \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS | 电子邮件地址 \_\_\_\_\_

(You will receive all notifications via this email address | 您将由这个电子邮件地址收到所有的通知)

ASK FOR A PIN/PASSWORD TO ACCESS TO YOUR LIBRARY ACCOUNT ONLINE

如果您想上網使用您的图书馆帐户，请要求設立密码

SIGNATURE | 签名 \_\_\_\_\_

PARENT SIGNATURE (if applicable) | 家长签名 (如果适用) \_\_\_\_\_

By signing above I acknowledge responsibility for all library materials borrowed by the above-named person | 签名表示我同意对上述人借的所有图书馆物品承担责任

**STAFF USE ONLY | 由图书馆工作人员填写**

Barcode \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ID Checked \_\_\_\_\_

new registration  change of info

Staff Initials \_\_\_\_\_