Thompson-Hickman County Library
Library Card Application

THANK YOU FOR PRINTING CLEARLY!

NAME ______________________________________

FIRST ___________________ LAST ______________ MIDDLE INITIAL ____________

PERMANENT MAILING ADDRESS ______________________________________________

__________________________________________

CITY ___________________ STATE _______ ZIP __________

TEMPORARY MAILING ADDRESS ______________________________________________

__________________________________________

CITY ___________________ STATE _______ ZIP __________

BIRTHDATE (MM/DD/YYYY) ________________________________________________

PHONE (_______ ______) _____________________________________________________

EMAIL _________________________________________________________________

ID VERIFICATION __________________________________________________________

PLEASE READ AND SIGN THE FOLLOWING:

I agree to abide by the policies of the Thompson-Hickman County Library and to notify the library when any of the above information changes. In accordance with Montana law, I understand that the library records will be kept confidential and that the library discourages users from sharing their library cards. I will be responsible for all materials borrowed on the card.

________________________________________

Signature

**SIGNATURE OF PARENT OR LEGAL GUARDIAN, IF UNDER 15 YEARS OF AGE.

________________________________________

Signature

**I understand that children have access to all materials in the library, and that I accept responsibility for monitoring my child’s access to print, media, and electronic formats, including the Internet.