



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.***