GREAT FALLS PUBLIC LIBRARY USER APPLICATION

TO OBTAIN A LIBRARY CARD:

- 2 0 8 6 7 0 0 1) Provide a picture ID. Proof of address in Cascade County (driver's license, utility bill, deposit slip, etc. or postmarked envelope that shows applicant/parent/

☐ INSTITUTION*

☐ LIMITED USE

TO BE COMPLETED BY LIBRARY STAFF:

□ NEW □ TEMP ** □ NON-RESIDENT

☐ PARENTS

STAFF INITIALS:_

☐ STAFF

☐ HOME SCHOOL

☐ BOOKMOBILE ☐ HOMEBOUND

- liz-

	legal guardian's current address.)						
3)	If under 14, parent or legal guardian must be present and provide a signature.						
I) If a patron is signed up for a limited use card then they will receive a post card that must be returned within 45 days to conting Library services.						ue utiliz-	
<u>A</u>	PPLICANT: (please print) -						
LA	ST NAME	FIRST NAME		MID	DLE NAME		
ΑĽ	DDRESS	_сіту		STATE	ZIP CODE		
TE	LEPHONE NUMBER	EMAIL ADDRESS					
ΑP	PPLICANT DATE OF BIRTH		AGE				
L		ecked out on this card and any charges assorary card. I understand that the abuse of li					
ΑP	PPLICANT SIGNATURE			DATE			
(IF	UNDER 14 Parent must sign below)						
	YES! Please sign me up for Wowb	rary email newsletter	Maln	nstrom Air Force	Base Personnel or Deper	ndent	
	AS THE PARENT / LEGAL GUARDIA the use of this library card.	AN, I accept full financial responsibility for a	all borr	owed items and for	any fines and fees incurred by	7	
<u> </u>	PARENT / LEGAL GUARDIAN: (ple	ase print)					
L	LAST NAME	FIRST NAME		MI	DDLE NAME		
F	PARENT/GUARDIAN SIGNATURE		DATE				
	FOR YOUR INFORMATION: A parent of the Release of Information form.	or legal guardian is not allowed access to the	eir child	's library informatio	on unless the child has signed		
*	INSTITUTION CARD			**TEMP CARD			
INSTITUTION NAME:				☐ MERCY HOME / YWCA ☐ RESCUE MISSION			
	ITY, STATE & POSTAL CODE:			☐ PRE RELEASE			
		□ VERIFICATION		☐ OTHER	Rev 10/04/22	ENTRY	
						ш	