



Flathead County Library System  
Card Application  
*please print clearly*

Name: \_\_\_\_\_  
Last First Middle Birth date

Contact phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

Parent/Guardian name (if applicant is under 18) \_\_\_\_\_

Local mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residence address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

By signing below, I accept responsibility for materials borrowed on the card.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_  
(or parent/guardian if applicant is under age 16)

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User ID# 23236