

WHITEFISH COMMUNITY LIBRARY  
Card Application

Please Print Clearly

Name: \_\_\_\_\_  
First Middle Initial Last Date of Birth

\_\_\_\_\_  
Contact Phone # Alternate Phone #

\_\_\_\_\_  
Parent/Guardian Name (if applicant is under 16)

\_\_\_\_\_  
Local Mailing Address

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

EMAIL NOTIFICATION: Provides you with emails the day before your items  
Are due and when items placed on hold are ready for you to pick up.

\_\_\_\_\_  
Email Address

By signing below, cardholder agrees to return borrowed materials on time, pay  
Overdue fees, and accepts responsibility for lost or damaged items. Cardholder will  
be responsible for the replacement cost of any item lost or damaged beyond repair.  
If the account is not resolved within 30 days it will be turned over to Unique Manage-  
ment for collection.

\_\_\_\_\_  
Applicant Signature Date  
(Or parent/guardian signature if applicant is under 16)

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For Library Use Only:

User I.D.# \_\_\_\_\_