

Tic-Tac

Application Form

Name: _____

Address: _____ Postal Code: _____

Phone: _____

Email address: _____

Date of Birth: ___/___/___ (dd/mm/yr)

School: _____ Instagram user name: _____

Shortgrass Library card #: _____

Hobbies/ Interests: _____

Why are you interested in becoming a member of Tic-Tac? _____

Date Joined: ___/___/___ (dd/mm/yr)



The personal information requested on this form is being collected for the sole purpose of application for membership on a Youth Advisory Board at the Medicine Hat Public Library. In compliance with the Medicine Hat Board's Freedom of Information and Protection of Privacy Policy, this record will be retained for one year after service is completed on the Youth Advisory Board and will be destroyed after that time.