

MCLINC LIBRARY CARD APPLICATION

Title: Mr. Miss Mrs. Ms. Dr. Gender: Male Female Adult Juvenile

Last Name First Name Middle Initial Date of Birth

Preferred Phone Number Secondary Phone Number To Opt In to receive text messages, provide cell # & carrier Carrier

Street Address Apt. Number City State Zip Code Plus 4

Preferred Mailing Address and Zip Code Municipality/Township

Email Address Driver's License/State ID Number
(Your email address will be used to send you a reminder when items will be due soon and to send your first overdue notice. Notices will come from librarynotices@mclinc.org. Please list this sender among your "approved senders" to prevent notices being blocked in your SPAM filter and check your email regularly so as not to miss library reminders.)

Preferred method for notices:
 Email Phone Cell Phone
 ___ Additional Text Message
 Preferred format of receipts:
 ___ Paper copy ___ eReceipt

I would like to receive program information & library news by email:
 ___ Yes ___ No

LIBRARY CONFIDENTIALITY:
 In accordance with the Pennsylvania Library Confidentiality law please note that information about items borrowed or requested may only be revealed to the library cardholder.
 [PA. Title 24; Ch. 16 - Article IV; 24 P.S. § 4428 Library Circulation Records. Request a copy from the librarian or view at <http://www.mclinc.org/RequestForRecords.htm>]

PLEASE READ AND SIGN

I hereby apply to use the Library and promise to obey all its rules. I accept full responsibility for all materials checked out on this card and for all charges associated with its use. I agree to pay promptly all fines and damages charged to me, and to give prompt notice of any change in my address or loss/theft of my card.

Your Signature _____

CHILDREN UNDER THE AGE OF 18

(Place card barcode here)

Last Name	First Name	M.I.	Gender	Date of Birth	
_____	_____	___	M F	_____	
_____	_____	___	M F	_____	
_____	_____	___	M F	_____	
_____	_____	___	M F	_____	

WITH REGARD TO CHILDREN UNDER THE AGE OF 18

Children under the age of 18 must have the signature of a parent, grandparent, or guardian. As the adult responsible for the child named above, I give permission for him/her to borrow materials from the library. I agree to pay all fines and damages charged to his/her card, to be responsible for supervising his/her selection of materials and to make sure he/she obeys library rules. I understand that children's cards are subject to the confidentiality law cited above.

Sign and Print Your Name _____ Address (If it is not the same as above) _____

FOR LIBRARY USE ONLY

Former Patron ID: _____ Home Library: _____ Term: _____

Registered at: _____ Date: ____/____/____ Statistical Class: _____ Patron Code: _____ Eligible for Access: [] Yes [] NO

Proof of residence / ID: _____ Registration taken by: _____ Date entered: ____/____/____