

MCLINC LIBRARY CARD APPLICATION

Title: Mr. Mrs. Ms. Miss 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 Driver's License/State ID Number

Email Address *(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	Check here to receive program information & library news: by email by mail	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]
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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	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: ___/___/___