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 _____ Driver's License/State ID Number _____

Email Address _____ Municipality _____

(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

Please check to opt-in:

____ I prefer to receive e-receipts instead of paper receipts for library transactions.

____ I would like to receive program information and library news by email.

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

Last Name	First Name	Gender	Date of Birth	*write children's barcode below*
		___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) _____

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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: _____/_____/_____