

MCLINC LIBRARY CARD APPLICATION

Title: ___Mr. ___Miss ___Mrs. ___Ms. ___Dr. Gender: ___Male ___Female ___Adult ___Juvenile

Last Name First Name Middle Name Date of Birth

Home Phone Number Cell Phone Number Cell Carrier *To receive text messages, provide cell carrier name*

Street Address Apt. Number City State Zip Code

Municipality (Township or Borough) County

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 & second overdue notices. 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.) This service is provided as a courtesy; you are still responsible for any fines incurred in the event that you do not receive your email notification.*

Preferred method for reminder notices:

Email **OR** Home Phone **OR** Cell Phone
AND Additional Text Message

Text message alone is not permitted as method of contact.

Check here to receive your **checkout receipt** via email **AND/OR** text

If this option is checked, you will not receive a printed receipt at time of checkout. A copy can be provided upon request.

Check here to keep a list of previously checked out materials in your account (privacy laws preclude us from doing this automatically)

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 _____

WITH REGARD TO CHILDREN UNDER THE AGE OF 18

Children under the age of 18 must have the signature of a parent or guardian. As parent/guardian of 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

Full 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: ___/___/___
(First initial, last name)

BARCODE