

# MCLINC LIBRARY CARD APPLICATION

**PLEASE PRINT**

Title (circle one) Mr. Miss Mrs. Ms. Dr. Gender (circle one) M F Not Applicable

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street Address Apt. Number

\_\_\_\_\_  
City State Zip Code Plus 4 Date of Birth / /

\_\_\_\_\_  
Preferred Mailing Address & Zip Code

\_\_\_\_\_  
Municipality (Township or Borough) County

\_\_\_\_\_  
Workplace or School Name Work or School Address & Zip Code

( ) - Home Telephone ( ) - Work Telephone X ( ) - Cell Phone

@ Email Address ( ) - Fax Number

\_\_\_\_\_  
Driver's License # XXX - XX - [ ][ ][ ][ ] SSN - Last 4 digits Only Bookmobile Stop (if applicable)

**REMEMBER TO REQUEST YOUR PASSWORD FOR HOME ACCESS TO YOUR LIBRARY ACCOUNT!**

**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>]

### Children under the age of 18

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

Parent/Guardian Signature \_\_\_\_\_

Please Print Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Address (If different from above) \_\_\_\_\_

### 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** \_\_\_\_\_

### FOR OFFICE USE ONLY

Former Patron ID: \_\_\_\_\_ Home Library: \_\_\_\_\_

Registered At: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Term: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Statistical Class: \_\_\_\_\_ Barcode: \_\_\_\_\_ Patron Code: \_\_\_\_\_

Eligible for Access [ ] Yes [ ] No Proof of Residence: \_\_\_\_\_

Registration Taken By (initials): \_\_\_\_\_ Date Entered: \_\_\_/\_\_\_/\_\_\_ By (initials): \_\_\_\_\_

**MCLINC EMAIL NOTIFICATION AUTHORIZATION**  
**COMPLETE AND BRING TO A MCLINC LIBRARY**

(NOTE: Abington Library will not accept forms from patrons of other libraries and Abington patrons must request this service in person at the Abington Library)

**(PLEASE PRINT)**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Barcode (14 digits)

\_\_\_\_\_  
Email Address

@

I authorize the libraries in the Montgomery County Library and Information Network Consortium (MCLINC) to use email notification for library business related to my patron account.

I understand that by supplying my email address I am requesting email notification regarding library materials and my account.

I understand it is my responsibility to check my patron account, and that MCLINC cannot be held responsible for email notices that do not reach my address.

I understand that email communication is not secure and that other members of my household with shared email accounts may view my personal account information, including the titles of items I have borrowed or may wish to borrow.

I understand that I may reverse this authorization by contacting MCLINC with my request to be removed from the email notification system, or by requesting removal of my email address from my patron record. Requests will be processed within 7 business days of receipt.

**Your Signature** \_\_\_\_\_

Parent/Guardian Signature (if under 18 years of age) \_\_\_\_\_

**Date** \_\_\_\_\_

**Phone** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

***Please be sure to notify MCLINC whenever your email address changes!***

*Update your address with the Change Account link, or email [webmaster@mclinc.org](mailto:webmaster@mclinc.org).*

**LIBRARY USE ONLY**

Home Library: \_\_\_\_\_

Account Updated: Date \_\_\_\_\_

Staff Initials \_\_\_\_\_

Library \_\_\_\_\_