

MCLINC LIBRARY CARD APPLICATION

PLEASE PRINT

Title (check one): Mr. Miss Mrs. Ms. Dr. Gender (check one): Male Female N/A

Name _____
First Name Middle Initial Last Name

Street Address _____ Apt # _____

City _____ State _____ Zip Code +4 _____

Municipality _____
Township or Borough County

Preferred Mailing Address & Zip Code (if you use a P.O. Box or alternate address to receive mail)

Date of Birth _____ (mm/dd/yyyy) Driver's License Number: _____

Phone _____ Workplace or School Name: _____

Email _____ XXX-XX-[][][][]
Your email address will be used to send you a reminder when your SSN -Last 4 digits only
items will be due soon and to send your first overdue notice.

Cell Phone _____
Number Carrier

Bookmobile Stop(if applicable) _____

Preferred Method for Notices (check)

Email Phone Cell Phone

AND

Additional Text Message

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. section 4428 Library Circulation Records] View the entire privacy policy at <http://www.mclinc.org/PrivacyPolicy.pdf>

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 _____

Parent/Guardian Name (Please print) _____

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 LIBRARY USE ONLY

Former Patron ID: _____ Home Library: _____

Registered at: _____ Date: ___/___/___

Statistical Class: _____ Patron Code: _____ Eligible for Access: [] Yes [] NO

Proof of residence / ID: _____ Registration Taken By (initials): _____

Date Entered: ___/___/___ By (initials): _____

BARCODE ISSUED: _____ Term: _____ Expiration Date: ___/___/___