MC-NPL

A Member of MCLINC

LIBRARY CARD APPLICATION

Title (check one):MrMissMrs		Gender	(check one):	_MaleFemale
NameFirst Name	Middle Initial	Last Nam	ne	
Street Address				Apt #
City	State	_ :	Zip Code +4	
Municipality Township or Borough			County	
Preferred Mailing Address & Zip Code	e (if you use a P.O. Box	or alternate	address to rece	ive mail)
Date of Birth (mr	m/dd/yyyy) Drive	r's Licens	e Number:	
Phone	_ Workplace o	r School N	Name:	
Em all	e-Ro	eceipt?	- · · · · · ·	
Email Used to send reminders when library items are conto send the first overdue notice. Cell Phone	ning due and	∕ □ N	Email C	ethod for Notices (check) Phone Cell Phone
Number	Carrier	•		al Text Message
Bookmobile Stop(if applicable))			I would like	to receive program informatior Tyes No
Children under the age of 18 must have child named above, I give permission fines and damages charged to his/her and to make sure he/she obeys library confidentiality law cited above. Parent/Guardian Signature	for him/her to borrow card, to be responsil	parent or g materials ble for sup	guardian. As p s from the libr pervising his/h	ary. I agree to pay all ner selection of materials
Parent/Guardian Name (Please pri	nt)			
Parent/Guardian Address (If different	•			
Please Read and Sign I hereby apply to use the library and p materials checked out on this card and fines and damages charged to me, and my card. Your signature:	d for all charges asso	ociated wit ce of any o	th its use. I ag change in my	ree to pay promptly all
FOR LIBRARY USE ONLY Former Patron ID:	Home Library:			
Registered at: Date:				
Statistical Class: Patron C			Eligible	for Access: [] Yes [] NO
Proof of residence / ID:		R	egistration Take	n By (initials):
BARCODE ISSUED:				By (initials):
DANGODE IGGGED.	I GIIII		Expiration Date.	/