

**MONTGOMERY COUNTY-NORRISTOWN PUBLIC LIBRARY**  
A MEMBER OF MCLINC  
**LIBRARY CARD APPLICATION**

<hr/> <b>First Name</b>	<hr/> <b>M. I.</b>	<hr/> <b>Last Name</b>	<hr/> <b>Date of Birth</b>
<hr/> <b>Home Street Address</b>	<hr/> <b>Apt. #</b>	<hr/> <b>City</b>	<hr/> <b>State</b>
<hr/> <b>Municipality</b> (Township or Borough)	<hr/> <b>County</b>	<hr/> <b>Driver's License/State ID #</b>	
<hr/> <b>Mailing Street Address &amp; Zip Code</b> (if different from home address or if using a P.O. Box)		<hr/> <b>Bookmobile Stop</b> (if applicable)	

**Notice Options (For holds availability, courtesy reminders, overdues, etc.)**

**Email\*** \_\_\_\_\_ **Check-out receipts:**  E-mail  Paper copy

**Cell Phone** \_\_\_\_\_ **Phone (Landline)** \_\_\_\_\_

**Additional Text Message** (please write cell phone carrier) \_\_\_\_\_

*\*MC-NPL may send patrons information about programs, services, or resources. We will use your email only for library communications and not share it with any third party.*

**Opt-out:** *I do not wish to receive information about MC-NPL programs, services, or resources.*

**Borrower Agreement**

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 ONLY**

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 below.

**Parent/Guardian Name (Please print):** \_\_\_\_\_

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

**Parent/Guardian Signature:** \_\_\_\_\_

**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>

**FOR LIBRARY USE ONLY**

Former Patron ID: _____	Home Library: _____	Registered at: _____
Proof of Residence/ID: _____	Date: _____	Statistical Class: _____ Patron Code: _____
Barcode Issued _____	Term _____	Expiration Date: _____ Staff Initials: _____