**LIBRARY CARD APPLICATION**

**First Name** ___________________________ **M. I.** ___________________________ **Last Name** ___________________________ **Date of Birth** ___________________________

**Home Street Address** ___________________________ **Apt. #** ___________________________ **City** ___________________________ **State** ___________________________ **Zip Code** ___________________________

**Municipality** (Township or Borough) ___________________________ **County** ___________________________ **Driver’s License/State ID #** ___________________________

**Mailing Street Address & Zip Code** (if different from home address or if using a P.O. Box) ___________________________ **Bookmobile Stop** (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

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**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:** ___________________________