## MONTGOMERY COUNTY-NORRISTOWN PUBLIC LIBRARY A MEMBER OF MCLINC 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 diffe   | rent from home   | e address or if using a P.O. Box)   | Bookmobile Stop             | o (if applicable) |
| Notice Options (F  | or holds availa  | ability, courtesy reminders, ov   | erdues, etc.)               |                   |
| Email*   |  | Check-ou  | <b>t receipts:</b> OE-mail  | OPaper copy       |
| Cell Phone   |  | Phone (Landline)  |                             |                   |
| Additional Text Message (please write cel  | l phone carrier)   |   |                             |                   |
| O Opt-out: I do not wish to receive infor<br>I accept full responsibility for all materials<br>promptly all fines and damages charged to<br>Your Signature:                            | Borro<br>checked out on<br>o me, and to give             | ower Agreement<br>this card and for all charges assoc                       | iated with its use. I a     |                   |
| ·  |  |   |                             |                   |
| Children under the age of 18 must have th<br>give permission for him/her to borrow may<br>to be responsible for supervising his/her se<br>children's cards are subject to the confider | e signature of a<br>terials from the<br>election of mate | library. I agree to pay all fines and<br>erials and to make sure he/she obe | damages charged to          | his/her card,     |
| Parent/Guardian Name (Please print):   |  |   |                             |                   |
| Parent/Guardian Address (If different from above):   |  |   |                             |                   |
| Parent/Guardian Signature:   |  |   |                             |                   |
| RARY CONFIDENTIALITY: In accordance with the Pen<br>by be revealed to the library cardholder. [PA. Title 24;   |  |   |                             |                   |

| 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: |  |  |  |