PLEASE PRINT

MCLINC LIBRARY CARD APPLICATION

						Library card: 🗖 Adult 🛛 Juvenile		
(Preferred) Last Name	Preferred) Last Name Suffix First Name				Middle Initial Dat		of Birth	
Legal Name (if different than above) Use legal name for notices?								
Preferred Phone Number	Secondary Phone Number Carrier (to receive tex				nessages) Driver's License/State ID Number			
Street Address	Apt. Number City					State Zip Code Plus 4		
Preferred Mailing Address and Zip Code (if you use a P.O. Box)								
Email Address Alternate Email Address								
YOUR EMAIL ADDRESS will be used to notify you when reserved items are ready for pick-up, to send you a reminder that your items will be due soon, and to send your overdue notices. Using email saves the Library time and money. Notices will come from ***librarynotices@mclinc.org email addresses, and will vary depending on which library you visit. Please list these senders among your "approved senders" to prevent notices being blocked in your SPAM filter and check your email regularly so as not to miss library reminders.		Preferred method for notices: Email Phone Cell Phone Additional Text Message		Preferred format of receipts □ Paper copy □ eReceipt	I would like online access to my reading history in order to keep the list of items I checked out. (<i>This list could be accessed by</i> <i>law enforcement personnel</i> <i>with a warrant or subpoena.</i>) Yes No		Would you like to sign up for our newsletters ? U Wowbrary Monthly	
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. [24 Pa. C.S.A § 9375 Privacy of Circulation Records]								
CHILDREN UNDER THE AGE OF 18 (If more space is needed, use the back of application								
(Preferred) Last Name, First Name, Middle Initial				/ / Date of Birth	Place card barcode here			
Legal Name (if different than above) Use legal name for notices? \Box Yes \Box No								
(Preferred) Last Name, First Name, Middle Initial			/ / Date of Birth	-	Place card barcode here			
Legal Name (if different than above) Use legal name for notices? \Box Yes \Box N							s? 🗆 Yes 🔲 No	
(Preferred) Last Name, First Name, Middle Initial			/ / Date of Birth	Place card barcode here				
Legal Name (if different than above)				Use legal name for notices? \Box Yes \Box No				
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 and all charges associated with use of my account and the juvenile accounts listed on this application. For juvenile accounts I agree I am responsible to supervise selection of materials, and to ensure library rules are obeyed. I understand that juvenile accounts are subject to the confidentiality law cited above. For all accounts listed on this application, I agree to promptly pay all fines and damages charged, to give prompt notice of any changes in contact information, and immediately report loss/theft of account card(s).								
Your Signature								
FOR OFFICE USE ONLY Place card barcode he Former Patron ID: Home Library: Registered at:							barcode here	
Date:/ Statistical Class: Patron Code: Proof of residence / ID:						Registration taken by:		