

PLEASE type in fields provided, print and bring into your library with proof of residency.

MCLINC LIBRARY CARD APPLICATION



| | | | | | | | | | | | | |
|--|-----|------|------------------------|-----|------|--|--------|----------------------------------|---------------|--|--------|----------|
| Title | Mr. | Miss | Mrs. | Ms. | Dr. | _____ | Gender | M | F | | Adult | Juvenile |
| Last Name | | | First Name | | | Middle Initial | | | Date of Birth | | | |
| Preferred Phone Number | | | Secondary Phone Number | | | To Opt In to receive text messages, provide cell # & carrier | | | | | | |
| Street Address | | | Apt. Number | | City | | State | | Zip Code | | Plus 4 | |
| Preferred Mailing Address and Zip Code | | | | | | | | Driver's License/State ID Number | | | | |

| | | | | | | | | | | | |
|-------------------------------|--|--|--------------|-------------------|------|--|-------|-----------|----------|--|--------|
| Workplace or School Name | | | | Work Phone Number | | | | Extension | | | |
| Work or School Street Address | | | Suite Number | | City | | State | | Zip Code | | Plus 4 |

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| Email Address _____ @ _____ | | | | | | | | | | | |
| <p>YOUR EMAIL ADDRESS will be used to notify you when reserved items are ready for pick-up, to send you a 4-day reminder that your items will be due soon, and to send your first overdue notice. Using email saves the Library time and money.</p> <p>Notices will come from librarynotices@mclinc.org Please list this sender 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.</p> | | | | | | <p align="center">SET UP YOUR LIBRARY PASSWORD</p> <p>Use it to access your account from the Libraries' website. It must be four to ten characters long.</p> <p>_____</p> | | | <p align="center">LIBRARY CONFIDENTIALITY:</p> <p>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.</p> <p><small>[PA. Title 24; Ch. 16 - Article IV; 24 P.S. § 4428 Library Circulation Records. Request a copy from the librarian pr view at http://www.mclinc.org/RequestForRecords.htm</small></p> | | |

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| PLEASE READ AND SIGN | | | | | | | | | | Preferred Method for Notices Email Phone Cell Phone Text Message | |
| I hereby apply to use the Library & promise to obey all its rules. 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 _____ | | | | | | | | | | Would you like to sign up for our E-Newsletter? Yes No | |

CHILDREN UNDER THE AGE OF 18 (If more space is needed, use the back of application.)

| Last Name | First Name | Middle Initial | Gender | Date of Birth | |
|-----------|------------|----------------|--------|---------------|-------------------------|
| _____ | _____ | _____ | M F | _____ | Place card barcode here |
| _____ | _____ | _____ | M F | _____ | Place card barcode here |
| _____ | _____ | _____ | M F | _____ | Place card barcode here |

WITH REGARD TO CHILDREN UNDER THE AGE OF 18

Children under the age of 18 must have the signature of a parent, grandparent, or guardian. As the adult responsible for 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 above.

| | |
|--------------------------------|--|
| Sign and Print Your Name _____ | Address (If it is not the same as above) _____ |
|--------------------------------|--|

| | | | | |
|----------------------------|------------------------|-----------------------------|--|-------------------------|
| FOR OFFICE USE ONLY | | | | Place card barcode here |
| Date _____/_____/_____ | Statistical Code _____ | Registration Taken By _____ | | |