

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	N/A	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>I would like online access to my reading history in order to keep the list of items I checked out.</p> <p>(This list could be accessed by law enforcement personnel with a warrant or subpoena.)</p> <p style="text-align: center;">Yes No</p>			<p>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. § 4428 Library Circulation Records. Request a copy from the librarian pr view at http://www.mclinc.org/RequestForRecords.htm</p>		

PLEASE READ AND SIGN										Preferred Format of Receipts	
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.										Paper copy eReceipt	
										Would you like to sign up for our E-Newsletter?	
Your Signature _____										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) _____
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FOR OFFICE USE ONLY				Place card barcode here
Date _____ / _____ / _____	Statistical Code _____	Registration Taken By _____		