## MCLINC LIBRARY CARD APPLICATION □ABG+ROS □CHANGE OF TOWNSHIP □TEMPORARY

Library card: □ Adult □ Juvenile				/ /		
(Preferred) Last Name Suffix First	Suffix First Name		Middle Initial Date of Birth			
Legal Name (if different than above)  Use legal name for notices?						
Preferred Phone Number Carrier (to receive texts)	ne Number	Driver's License/State ID Number				
Street Address Apt. Number		State Zip Code Plus 4				
Preferred Mailing Address and Zip Code						
Workplace or School Name		Work Phone Number Extension				
Work or School Street Address Suite or Room Number City			State	Zip Code	Plus 4	
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.	I would like online acc reading history in ord of items I checked out	er to keep the list	Confidentiality law please note that information about items borrowed or requested may only be			
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.	(This list could be account or subpoena.)  Yes	with a warrant r				
CHILDREN UNDER THE AGE OF 18						
(Preferred) Last Name, First Name, Middle Initial Date		of Birth	Place card barcode here			
Legal Name (if different than above)		Use	Use legal name for notices? ☐ Yes ☐ No			
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(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? ☐ Yes ☐ No					s 🗖 No	
(Preferred) Last Name, First Name, Middle Initial Date		of Birth	Place card barcode here			
Legal Name (if different than above)		Use	Use legal name for notices?   Yes 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).  Preferred Format of Receipts  QR code to sign up for the e-newsletter						
Sign and print:						
	FOR OFFICE USE		Pla	ice card barcode h	ere	
Former Patron ID:Home Libr	ary:Registe	red at:	_ 20			

Date: \_\_/\_\_ / \_Statistical Class: \_\_\_ Patron Code: \_\_\_\_ Proof of residence / ID: \_\_\_\_ Registration taken by: \_\_\_\_