

MCLINC LIBRARY CARD APPLICATION

Title: ___ Mr. ___ Miss ___ Mrs. ___ Ms. ___ Mx. ___ Dr. ___ Other: _____

Last name First name Middle initial Date of birth / /

Preferred phone number Secondary phone number Carrier
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 Municipality/township

Email Address

(Your email address will be used to send you a reminder when items will be due soon and to send your first overdue notice. Notices will come from ecclibrarynotices@mclinc.org, epplibrarynotices@mclinc.org, gflibrarynotices@mclinc.org and lmllibrarynotices@mclinc.org. 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 method for notices:

___ Paper copy ___ eReceipt

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. Cheltenham Twp Library System has a policy clarifying confidentiality as it relates to minor children. Request a copy from the librarian or view at <http://www.mclinc.org/privacypolicy.pdf>] Held materials may only be released to the cardholder or to a person in possession of the card used to place the hold.

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 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 changes in my address or loss/theft of my card.

Your signature: _____

CHILDREN UNDER THE AGE OF 18

Last name	First name	M.I.	Date of birth	(Place card barcode here)
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____

WITH REGARD TO CHILDREN UNDER THE AGE OF 14

Children under the age of 14 must have the signature of a parent or legal guardian. Children under the age of 18 without sufficient identification also need the signature of a parent or legal 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 LIBRARY USE ONLY

(Place card barcode here)

Former patron ID: _____ Home library: _____ Term: _____

Registered at: _____ Date: ___/___/___ Statistical class: _____ Patron code: _____ Eligible for Access [] YES [] NO

Proof of residence / ID: _____ Registration taken by: _____ Date entered: ___/___/___