

MCLINC LIBRARY CARD APPLICATION

CTLS

Title (check one or write in) ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Mx. ☐ Other _____ Library card: ☐ Adult ☐ Juvenile

(Preferred) Last Name Suffix First Name Middle Initial Date of Birth / /

Legal Name (if different than above) ☐ Yes ☐ No Use legal name for notices?

Preferred Phone Number Secondary Phone Number Carrier (to receive text messages)

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.
(This list could be accessed by law enforcement personnel with a warrant or subpoena.)

☐ Yes ☐ No

Would you like to sign up for our **newsletters**?

- ☐ 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. [PA. Title 24; Ch. 16 - Article IV; 24 P.S. § 4428 Library Circulation Records. Request a copy at the library.]

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? ☐ 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? ☐ 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? ☐ Yes ☐ No

PLEASE READ AND SIGN

I hereby apply to use the Library and promise to obey all its rules. Children under the age of 14 must have signature of a parent or legal guardian. Children under the age of 18 without sufficient identification also need the signature of a parent or guardian. I accept full responsibility for all materials checked out on, and all charges associated with, use of my account, and any 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

Former Patron ID: _____ Home Library: _____ Registered at: _____ Place card barcode here

Date: ____/____/____ Statistical Class: _____ Patron Code: _____ Proof of residence / ID: _____ Registration taken by: _____