

MCLINC LIBRARY CARD APPLICATION

PLEASE PRINT

Title (circle one) Mr. Miss Mrs. Ms. Dr. Gender (circle one) M F Not Applicable

Last Name First Name Middle Initial

Street Address Apt. Number

City State Zip Code Plus 4 Date of Birth / /

Preferred Mailing Address & Zip Code

Municipality (Township or Borough) County

Workplace or School Name Work or School Address & Zip Code

() - Home Telephone () - X Work Telephone () - Cell Phone

@ Email Address () - Fax Number

Driver's License # XXX - XX - [][][][] SSN - Last 4 digits Only Bookmobile Stop (if applicable)

REMEMBER TO REQUEST YOUR PASSWORD FOR HOME ACCESS TO YOUR LIBRARY ACCOUNT!

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 or view at <http://www.mclinc.org/RequestForRecords.htm>]

Children under the age of 18

Children under the age of 18 must have the signature of a parent or guardian. As parent or guardian of 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.

Parent/Guardian Signature _____

Please Print Parent/Guardian Name _____

Parent/Guardian Address (If different from above) _____

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

Your Signature _____

FOR OFFICE USE ONLY

Former Patron ID: _____ Home Library: _____

Registered At: _____ Date: ___/___/___ Term: _____ Expiration Date: ___/___/___

Statistical Class: _____ Barcode: _____ Patron Code: _____

Eligible for Access [] Yes [] No Proof of Residence: _____

Registration Taken By (initials): _____ Date Entered: ___/___/___ By (initials): _____