

MCLINC LIBRARY CARD APPLICATION

PLEASE PRINT

(Not accepted at Abington Township Library)

Title (choose one): Mr. Miss Mrs. Ms. Dr. Gender (choose one): Male Female N/A

Name _____
First Name Middle Initial Last Name

Street Address _____ Apt # _____

City _____ State _____ Zip Code +4 _____

Date of Birth _____ (mm/dd/yyyy) Driver's License Number: _____

Preferred Mailing Address & Zip Code (if you use a P.O. Box or alternate address to receive mail)

Municipality _____
Township or Borough County

Workplace or School Name: _____

Phone/Email _____
Primary Telephone Secondary Telephone 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.

Preferred Method for Reserve Alerts (check one) Email Telephone

Go to the online catalog from www.mclinc.org to create a password for your account. Use your account to view items out, renew online, and to place requests.

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. section 4428 Library Circulation Records] View the entire privacy policy at <http://www.mclinc.org/PrivacyPolicy.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 _____
Parent/Guardian Name (Please print) _____
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 LIBRARY USE ONLY

Former Patron ID: _____ Home Library: _____
Registered at: _____ Date: ___/___/___
Statistical Class: _____ Patron Code: _____ Eligible for Access: [] Yes [] NO
Proof of residence / ID: _____ Registration Taken By (initials): _____
BARCODE ISSUED: _____ Date Entered: ___/___/___ By (initials): _____
Term: _____ Expiration Date: ___/___/___