MCLINC LIBRARY CARD APPLICATION
PLEASE PRINT
(Not accepted at Abington Township Library)

Title (check one): __Mr. __Miss __Mrs. __Ms. __Dr.   *Gender (check one)*: __Male __Female __N/A

Name *(please print)*_____   _____   _____
                        First Name   Middle Initial   Last Name

Street Address _____   Apt # _____

City _____   State _____   Zip Code +4 _____

Municipality _____   _____
                  Township or Borough   County

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

Date of Birth _____ (mm/dd/yyyy)   Driver's License Number: _____
                                                                          (parent's if applying for child)

Phone _____   Workplace or School Name _____

Email _____
Your email address will be used to send you a reminder when
items will be due soon and to send your first overdue notice.

Cell Phone   _____   _____
                        Number   Carrier

Preferred Method for Notices (check)
___Email ___Phone ___Cell Phone **AND** ___Additional Text Message

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.pdf

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): _____
Date Entered: ___/___/_____   By (initials): _____
BARCODE ISSUED: _____   Term: _____   Expiration Date: ___/___/_____