

MCLINC LIBRARY CARD APPLICATION

PLEASE PRINT

(not accepted at the Abington Township Library)

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

Driver's License #:

Your email address will be used to send you a reminder when your items will be due soon and to send your first overdue notice. Using email saves the library time and money. Notices will come from librarynotices@mclinc.org. Please list this sender among your "approved senders" to prevent notices from being blocked by your SPAM filter and check your email regularly so as not to miss library reminders.

Primary Telephone

Secondary Telephone

Email Address

PREFERRED METHOD FOR RESERVE ALERTS: EMAIL TELEPHONE

Go to the online catalog at www.MCLINC.org to create a password for your account. Use your password to log in to your account from home to view items checked out, renew online, and 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. § 4428 Library Circulation Records. Request a copy from the librarian or view 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: _____

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 LIBRARY USE ONLY

Former Patron ID: _____ Home Library: _____

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

Statistical Class: _____ Barcode issued: _____ Patron Code: _____

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

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

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