MCLINC LIBRARY CARD APPLICATION
POTTSTOWN REGIONAL PUBLIC LIBRARY

PLEASE PRINT

Title (circle one): Mr. Miss Mrs. Ms. Dr. **Gender (circle one)** M F NA **(circle one)** Adult Juvenile

Last Name _____ **First Name** _____ **Middle Initial** _____

Street Address _____ **Apt #** _____

City _____ **State** _____ **Zip Code** _____

Preferred Mailing Address & Zip Code (if different) _____

Municipality (Township or Borough): _____ **County:** _____

Mobile Telephone: _____ **Carrier:** _____

Home Telephone: _____ **Preferred Number:** Mobile Home

Driver's License/ID #: _____ **Date of Birth:** _____

Email Address: _____

Preferred method for reminders and notices: (√)

☐ **Email** ☐ **Phone** ☐ **Text Message**

YOUR EMAIL ADDRESS will be used to notify you when reserved items are ready for pick-up, to send you a 4-day reminder that 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 pplibrarynotices@mclinc.org

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. View at http://www.mclinc.org/RequestForRecords.htm

PLEASE READ AND SIGN: I hereby apply to use the Library & 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: _____

WITH REGARD TO CHILDREN UNDER THE AGE OF 18: Children under the age of 18 must have the signature of a parent, grandparent, or guardian. As the adult responsible for 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.

Sign and Print Name _____

Address (if different from above): _____

PLEASE LINK THESE FAMILY MEMBERS TO MY LIBRARY CARD (If more space is needed, use the back of application.)

Last Name	First Name	Middle Initial	Gender	Date of Birth	Barcode Linked (staff)
			M F		
			M F		
			M F		
			M F		

FOR LIBRARY USE ONLY

Home Library: _____ Registered: _____ Date: ____/____/____

Statistical Class: _____ Patron Code: _____ Family Linked: Yes No

Proof of Residence/ID: _____ Barcode Issued: _____

Term: _____ Exp. Date: ____/____/____ Registration Taken By (initials): _____

Date Checked: ____/____/____ Staff Initials: _____