MCLINC LIBRARY CARD APPLICATION
POTTSTOWN REGIONAL PUBLIC LIBRARY

PLEASE PRINT **Library Card (Select One)** ☐ Adult ☐ Juvenile

(Preferred) Last Name **First Name** **Middle Initial**

Legal Name (if different than above) **Use Legal Name for notices? (Select One)** ☐ Yes ☐ No

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 ppllibrarynotices@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://mnl.mclinc.org/policies/privacy-policy/]

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):

PRPL may send patrons information about programs, services, or resources. We will use your email only for library communications and not share it with any third party.

☐ **Opt-out: I do not wish to receive information about PRPL programs, services, or resources.**

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

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

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: _____