MCLINC LIBRARY CARD APPLICATION @ UMFPL

				Li	brary card:	☐ Adult	□Juvenile
(Preferred) Last Name	e Suffix First Name			Middle Initial	itial Date of Birth (mm/dd/yyyy)		
Legal Name (if different than	Driver's License/State ID Number						
Street Address	Apt. Number City			State Zip Code Plus 4			
Preferred Phone Number	Carrier (to recei	ve text messages)	Email Address				
Preferred Mailing Address and Zip Code (if you use a P.O. Box)							
you when reserved items are ready for pick-up, to send you a reminder that your items will be due soon, and to send your overdue notices. Using email saves the Library time and money. Notices will come from ***librarynotices@mclinc.org email addresses, and will your depending on which library user visiting.		Preferred method For notices: Email Phone Additional Text Message	Prefer Paperless? Receive check out receipts: ☐ by email ☐ by text ☐ never, thanks	I would like online access to my reading history in order to keep the list of items I checked out. (This list could be accessed by law enforcement personnel with a warrant or subpoena.) Yes No		Would you like to sign up for UMFPL news? □ News & Events (Quarterly)	
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. (24 Pa. C.S.A § 9375 Privacy of Circulation Records.)							
CHILDREN UNDER THE AGE OF 18 (If more space is needed, use the back of application							
(Preferred) Last Name, First Name, Middle Initial Date of Birth Legal Name (if different than above)				Place card barcode here			
(Preferred) Last Name, First Name, Middle Initial Date of Birth				Place card barcode here			
Legal Name (if different than above)							
(Preferred) Last Name, First Name, Middle Initial Date of Birth				Place card barcode here			
Legal Name (if different than ab	oove)						
PLEASE READ AND SIGN I hereby apply to use the Library and promise to obey its rules. I accept full responsibility for all materials checked out on and all charges associated with use of my account and the juvenile accounts listed on this application. For juvenile accounts I agree I am responsible to supervise selection of materials, and to ensure library rules are obeyed. I understand that juvenile accounts are subject to the confidentiality law cited above. For all accounts listed on this application, I agree to promptly pay all fines and damages charged, to give prompt notice of any changes in contact information, and immediately report loss/theft of account card(s).							
Your Signature				/ / Date			
FOR LIBRARY USE ONLY							
Former Patron ID:	H	Iome Library:	Proof of residence	/ ID:			
Statistical Class:					lace card b		320
Registered at: <u>UMFPL</u> Re	egistration taken by: _	Date:		P	race card b	arcode ne	E16
I have provided this pat	ron with the Welcome	e to UMFPL brochure d	lescribing library rules a	nd with information a	bout the Fri	ends of Ul	MFPL.