

Card Type: Adult Juvenile Other: _____

(Preferred) Last Name Suffix First Name Middle Initial

Legal Name (if different than above) Use legal name for notices? [] Yes [] No

Date of Birth ID State/Country ID Number (Driver's License/State ID/Passport)

Home Street Address Apt. Number City State Zip Code

Preferred Street Address (Work, PO Box) Apt. Number City State Zip Code

How do you wish to receive messages regarding requested materials, due date reminders, & expired accounts?

[] Email [] Phone Would you like additional text messages? [] No [] Yes

Cell Phone Number Carrier (for text notices) Secondary/Home Phone Number

Email Address Alternate Email Address

Emails will come from ***librarynotices@mclinc.org addresses, and will vary depending on which library you visit. Please list these senders among your "approved senders" to prevent notices being blocked in your SPAM filter and check your email regularly so as not to miss library reminders.

Grid of checkboxes for library preferences: Preferred library to pick up requested materials, Preferred receipts for checked out items, Would you like to access a reading history of items, Would you like to sign up for emailed WJM newsletter(s), Would you like to sign up for Wowbrary to receive a weekly email about our newest books, movies, and music?

CHILDREN UNDER THE AGE OF 18 (Use the back of application if more space is needed)

Three rows of child information forms, each including fields for (Preferred) Last Name, First Name, Middle Initial, Date of Birth, Legal Name, Barcode, and Use legal name for notices? [] Yes [] No

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]

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 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 the 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 or Parent/Guardian's Signature for Children Under the Age of 18

[Print and Sign]

FOR OFFICE USE ONLY

Former Patron ID: _____ Home Library: _____ Registered at: _____ Statistical Class: _____

Date: _____ Patron Code: _____ Proof of residence / ID: _____ Newsletter added: _____ Staff initials: _____

Barcode field