

## PLEASE PRINT WISSAHICKON VALLEY PUBLIC LIBRARY CARD APPLICATION

Library card: ☐ Adult ☐ Juvenile

(Preferred) Last Name Suffix First Name Middle Initial Date of Birth

Legal Name (if different than above)

☐ Yes ☐ No

Use legal name for notices?

Preferred Phone Number Secondary Phone Number Carrier (to receive text messages)

Street Address Apt. Number City State Zip Code Plus 4

Preferred Mailing Address and Zip Code (if you use a P.O. Box)

Email Address Alternate Email Address

**YOUR EMAIL ADDRESS** will be used to notify 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 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.

Preferred method for notices:

- ☐ Email  
☐ Phone  
☐ Text Message

Preferred format of receipts

- ☐ Paper copy  
☐ eReceipt

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

Preferred library to pick up requested items:

Ambler  
 Blue Bell  
 Other

**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)

Use legal name for notices? ☐ Yes ☐ No

(Preferred) Last Name, First Name, Middle Initial

Date of Birth

Legal Name (if different than above)

Use legal name for notices? ☐ Yes ☐ No

(Preferred) Last Name, First Name, Middle Initial

Date of Birth

Legal Name (if different than above)

Use legal name for notices? ☐ Yes ☐ No**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 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

**FOR OFFICE USE ONLY**

Former Patron ID: Home Library: Registered at:

Date: / / Statistical Class: Patron Code: Proof of residence / ID: Registration taken by: