

# WISSAHICKON VALLEY PUBLIC LIBRARY CARD APPLICATION

Title: Mr. Miss Mrs. Ms. Dr. Gender: Male Female Adult Juvenile

\_\_\_\_\_  
Last Name First Name Middle Initial Date of Birth

\_\_\_\_\_  
Preferred Phone Number Secondary Phone Number To Opt In to receive text messages, provide cell # & carrier Carrier

\_\_\_\_\_  
Street Address Apt. Number City State Zip Code Plus 4

\_\_\_\_\_  
Preferred Mailing Address and Zip Code If Different From Above Driver's License/State ID Number

\_\_\_\_\_  
Email Address (Your email address will be used to send you a reminder when items will be due soon and to send your first overdue notice. Notices will come from [librarynotices@mclinc.org](mailto:librarynotices@mclinc.org). Please list this sender 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 Cell Phone  
Additional Text Message

Check here to receive program  
information & library news:  
by email  
by mail

### 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. Request a copy from the librarian or view at <http://www.mclinc.org/RequestForRecords.htm>

### 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 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 \_\_\_\_\_

### CHILDREN UNDER THE AGE OF 18

Last Name	First Name	Gender	Date of Birth	(Place card barcode here)
_____	_____	M F	____/____/____	_____
_____	_____	M F	____/____/____	_____
_____	_____	M F	____/____/____	_____
_____	_____	M F	____/____/____	_____

### 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 Your Name Address (If it is not the same as above)

### FOR LIBRARY USE ONLY

Former Patron ID: \_\_\_\_\_ Home Library: \_\_\_\_\_ Term: \_\_\_\_\_

Registered at: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Statistical Class: \_\_\_\_\_ Patron Code: \_\_\_\_\_ Eligible for Access: Yes No

Proof of residence / ID: \_\_\_\_\_ Registration taken by: \_\_\_\_\_ Date entered: \_\_\_\_/\_\_\_\_/\_\_\_\_