

WISSAHICKON VALLEY PUBLIC LIBRARY CARD APPLICATION

직함: Mr. Miss Mrs. Ms. Dr. 성별: 남자 여자 성인 청소년

성 (Last name) _____ 이름 (First name) _____ 이니셜 (Middle Initial) _____ 생년월일 _____

전화번호 1 _____ 전화번호 2 _____ *문자 메시지를 받으시길 원하는 경우, 핸드폰 번호와 Carrier를 적어주세요.

길 이름 (street) _____ 아파트호수 (Apt.) 도시 (city) _____ 주 (state) _____ 우편번호 (zip code) _____

*우편으로 메일 발송시 원하시는 주소가 위와 다르면 적어 주세요. 운전면허/주번호 (Driver's License/State ID Number) _____

Email (이메일) (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. 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.)

선호하는 통지방법 (Preferred method for notices):

Email Phone(전화) Cell Phone(핸드폰)
Additional Text Message(문자)

*도서관 관련 프로그램 정보나 뉴스를 받기 원하시면 체크해 주세요.
by email(이메일)
by mail(우편)

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 _____

미성년자 (CHILDREN UNDER THE AGE OF 18)

성 (Last Name)	이름 (First Name)	성별 (Gender)	생년월일 (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: ____/____/____