

WISSAHICKON VALLEY PUBLIC LIBRARY CARD APPLICATION

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

Street Address Apt. Number City State Zip Code

Preferred Mailing Address and Zip Code If Different From Above

Email Address *Your email address will be used to send you courtesy reminders, overdue items and holds availability. Notices will come from wvpllibrarynotices@mclinc.org or amblerlibrarynotices@mclinc.org. 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.*

Notice options (for holds availability,
courtesy reminders, overdue, etc.)

Email Phone Cell Phone

Additional Text Message

Check out receipts:

email

paper copy

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	Date of Birth	(Place card barcode here)
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

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: ____/____/____