

# WISSAHICKON VALLEY PUBLIC LIBRARY CARD APPLICATION

☐ 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.

**Email** (이메일) (Your email address will be used to send you courtesy reminders, overdue items and holds availability. Notices will come from [wvpllibrarynotices@mclinc.org](mailto:wvpllibrarynotices@mclinc.org) or [amblerlibrarynotices@mclinc.org](mailto: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.

선호하는 통지방법 (Preferred method for notices):

☐ Email (이메일) ☐ Phone (전화) ☐ Cell Phone (핸드폰)

☐ Additional Text Message (문자)

\*도서관 체크아웃시 영수증 받는 방법을 선택해주세요

☐ 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.

## 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)

생년월일 (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: \_\_\_\_/\_\_\_\_/\_\_\_\_