

(LOWER MORELAND) HUNTINGDON VALLEY 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 Carrier

 Street Address Apt. Number City State Zip Code Plus 4

 Preferred Mailing Address and Zip Code Municipality/Township

Email Address
 (Your email address will be used to send you a reminder when items will be due soon and to send your overdue notices. 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.)

Preferred Method for Notices:
 ____ Email ____ Phone ____ Cell Phone

____ Additional Text Message

Preferred Format of Receipts:
 ____ Paper Copy ____ eReceipt

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

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

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 promptly pay 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

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.

CHILDREN UNDER THE AGE OF 18

(Write card barcode here)

Last Name	First Name	M.I.	Date of Birth	
_____	_____	____	____/____/____	
_____	_____	____	____/____/____	
_____	_____	____	____/____/____	
_____	_____	____	____/____/____	

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 PA (ILL): [] Yes [] NO

Proof of residence / ID: _____ Registration taken by: _____ Date entered: ____/____/____

LINKED LIBRARY CARDS

Parent-Child Linking

I wish to have the library cards of my children under age 18 linked to my library card account.

Name of Parent/Guardian: _____ Card #: _____

Signature of Parent: _____

Name of child: _____ Card #: _____

Name of child: _____ Card #: _____

Name of child: _____ Card #: _____

Name of child: _____ Card #: _____

Date: _____

Adult Linking

ALL PARTIES MUST SIGN IN PERSON

**Notice: Linking library records waives your privacy rights
under PA 24 PS Section 4428 among the linked parties.**

Individuals remain responsible for all charges to their account.

Associations may be dissolved at any time with the signed request of any party.

We wish to have our adult library accounts linked to one another.

Name: _____ Signature: _____ Card#: _____

Name: _____ Signature: _____ Card#: _____

Name: _____ Signature: _____ Card#: _____

Name: _____ Signature: _____ Card#: _____