

UPPER DUBLIN PUBLIC LIBRARY CARD APPLICATION  
PLEASE PRINT/TYPE

Title (check one):  Mr.  Miss  Mrs.  Ms.  Dr. Gender (check one):  Male  Female  N/A

Name \_\_\_\_\_  
First Name Middle Initial Last Name

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code +4 \_\_\_\_\_

Municipality \_\_\_\_\_  
Township or Borough County

Preferred Mailing Address & Zip Code (if you use a P.O. Box or alternate address to receive mail)

Date of Birth \_\_\_\_\_ (mm/dd/yyyy) Driver's License Number: \_\_\_\_\_

Phone \_\_\_\_\_ Workplace or School Name: \_\_\_\_\_

Email \_\_\_\_\_

Your email address will be used to send you a reminder when items will be due soon and to send your first overdue notice.

Cell Phone \_\_\_\_\_  
Number Carrier

Preferred Method for Notices (check)

- Email  Phone  Cell Phone  
AND  
 Additional Text Message

I wish to opt out of receiving the Library's eNewsletter

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. section 4428 Library Circulation Records] View the entire privacy policy at <http://www.mclinc.org/PrivacyPolicy.pdf>

**Children under the age of 18**

Children under the age of 18 must have the signature of a parent or guardian. As parent or guardian of 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.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Name (Please print) \_\_\_\_\_

Parent/Guardian Address (If different from above) \_\_\_\_\_

**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: \_\_\_\_\_

FOR LIBRARY USE ONLY

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

Registered at: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Statistical Class: \_\_\_\_\_ Patron Code: \_\_\_\_\_ Eligible for Access: [ ] Yes [ ] NO

Proof of residence / ID: \_\_\_\_\_ Registration Taken By (initials): \_\_\_\_\_

Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_ By (initials): \_\_\_\_\_

BARCODE ISSUED: \_\_\_\_\_ Term: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_