



LIBRARY CARD APPLICATION

LAST NAME FIRST NAME MIDDLE INITIAL ____/____/____
D.O.B.

CONTACT INFORMATION

EMAIL EMAIL NEWSLETTER (MCL INSIDER)? ☐ YES ☐ NO

ZIP CODE STREET ADDRESS CITY STATE

(_____) _____
PHONE NUMBER PHONE CARRIER (AT&T, VERIZON, ETC.)

NOTIFICATION PREFERENCE (PLEASE CHECK ONE OR BOTH)

☐ EMAIL ☐ TEXT MESSAGE

***These notifications are sent as a courtesy only. Failure to receive these notifications does not remove your responsibility to return library items promptly and pay fines.**

LIBRARY CARD AGREEMENT

I agree to be responsible for materials checked out on the library card issued under my name. I agree to comply with all library policies and procedures, both present and future, and will give prompt notice of change of name, address, phone number or loss of library card.

SIGNATURE OF APPLICANT DATE

IF THE APPLICANT IS UNDER 18: Parent/legal guardian is responsible for the selection and return of materials borrowed by the child to whom the card is issued.

NAME OF LEGAL GUARDIAN SIGNATURE OF LEGAL GUARDIAN DATE

Notify me about:

- ☐ New Adult Fiction, Nonfiction, and DVDs (New Release Radar)
- ☐ Adult Programs and Collections
- ☐ Teen Programs and Collections
- ☐ Family Programs and Collections

OTHER FAMILY MEMBERS <18 AT THE SAME RESIDENCE APPLYING FOR A CARD:

_____/____/____			
LAST NAME	FIRST NAME	MIDDLE INITIAL	BIRTH DATE
LIBRARY CARD NUMBER:			

_____/____/____			
LAST NAME	FIRST NAME	MIDDLE INITIAL	BIRTH DATE
LIBRARY CARD NUMBER:			

_____/____/____			
LAST NAME	FIRST NAME	MIDDLE INITIAL	BIRTH DATE
LIBRARY CARD NUMBER:			

STAFF USE ONLY

TYPE OF ID _____ INITIALS _____ DATE _____

LIBRARY CARD NUMBER _____

DOUBLE CHECKED BY _____ ON ____/____/____