



## LIBRARY CARD APPLICATION

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LAST NAME

FIRST NAME

MIDDLE INITIAL

D.O.B. 

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### CONTACT INFORMATION

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EMAILEMAIL NEWSLETTER (MCL INSIDER)?  YES  NO

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ZIPCODE

STREET ADDRESS

CITY

STATE

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( \_\_\_\_\_ )

PHONE NUMBER

PHONE CARRIER (AT&amp;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.

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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.

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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: _____ / _____ / _____			

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\*STAFF USE ONLY\*

TYPE OF ID \_\_\_\_\_ INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

LIBRARY CARD NUMBER \_\_\_\_\_

DOUBLE CHECKED BY \_\_\_\_\_ ON \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_