

CHESTER COUNTY LIBRARY SYSTEM LIBRARY- ADULT CARD APPLICATION

Valid ID Required (name & current address)

Cardholder Information

Last Name _____ First Name _____ MI _____

Address _____ Apt _____

City _____ State _____ Zip _____

Municipality _____

Date of Birth ____/____/____ Gender (circle one) Male Female

E-mail _____

Home Phone _____ Mobile / Text _____

Paperless library notices (Holds availability, Courtesy reminders, Overdues, etc) preference:

E-mail Phone Text (standard text messaging rates apply)

Optional Contacts

CCLS member libraries or their affiliate partners (library foundations/trusts or Friends of Library) may send users information on our services, programs or requests to support the library. In connection with any library related fundraising, we may use and disclose your contact information to our affiliate partners. However, we will not disclose your borrowing information except as required by law.

I do not wish to receive information concerning CCLS services and fundraising requests from the library or affiliate partners (library foundation/trust or Friends of Library)

Borrower Agreement

I accept full responsibility for the proper care and safe return of materials borrowed and for payment of all charges incurred for this account and I agree to abide by the regulations and procedures of the borrower's agreement, as stated in the CCLS Borrowing Policy. **(Required)**

Signature _____ **Date** ____/____/____

ID: Driver's License Mail/Bill Other _____

Staff Use Only

New Card Update Account Information

Library Card Barcode Number _____ .p# _____

Staff Initials _____ Library _____