

CHESTER COUNTY LIBRARY SYSTEM LIBRARY- ADULT LIBRARY CARD APPLICATION

Valid ID Required (name & current address)

Out-of-County Resident Eligibility

If you work, own property, or attend school in Chester County, or have a PA Access Program library card, please provide the following information. Otherwise an out-of-County fee of up to \$20 may apply.

Employer/School/Property Address _____

City _____ State _____ Zip _____

ACCESS PA Card Library System _____ (enter barcode below)

Cardholder Information

Legal Name (Last) _____ (First) _____ (MI) _____

Address _____ Apt _____

City _____ State _____ Zip _____ Municipality _____

Phone _____ Mobile Phone/Carrier for text _____

DOB ____/____/____ Email _____ Paperless Notices? Email Text

Preferred Name (if different from above) _____

Email Options

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)

Confidentiality Options

Adult cardholders, age 18 or older, may add or remove a waiver of confidentiality for information on their library card account by completing this section of the application.

I request to: ADD REMOVE Permission to release the following information:

Current Borrowed Items Reserved Items All Account Details

On my library card account to the following persons:

Name _____ Name _____

Name _____ Name _____

Borrower Agreement (Required)

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.

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

Staff Use Only

ID: Driver's License Mail/Bill Other _____

Library Card Barcode _____ Staff Initials _____ Library _____