

**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 \_\_\_\_\_