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 _______