## **CHESTER COUNTY LIBRARY SYSTEM LIBRARY- ADULT CARD APPLICATION**

Valid ID Required (name & current address)

## **Cardholder Information**

Last Name	First Name	MI
Address		Apt
City	StateZip	
Municipality		
Date of Birth/	Gender (circle one)	Nale Female
E-mail		
Home Phone	Mobile / Text	
•	s availability, Courtesy reminders   Text (standard text messagin	· · · · · · · · · · · · · · · · · · ·
send users information on our any library related fundraising partners. However, we will no	services, programs or requests t , we may use and disclose your or t disclose your borrowing informa- mation concerning CCLS services an	tions/trusts or Friends of Library) may o support the library. In connection with ontact information to our affiliate ation except as required by law.
	and I agree to abide by the regulation	materials borrowed and for payment of all ons and procedures of the borrower's
Signature		Date/
ID: Driver's License	Mail/Bill Other	
Staff Use Only		
New Card Upd	ate Account Information	
Library Card Barcode Number_		p#
Staff Initials	Library	