



Chicopee Public Library
 449 Front Street
 Chicopee, MA 01013
 413-594-1800

1. Print out this form (age 18+ years)
2. Bring the completed application, with photo ID and proof of current address, to any branch of the Chicopee Public Library.

ADULT LIBRARY CARD APPLICATION

PLEASE PRINT

Last Name: _____ First: _____ Middle Initial: _____

Mailing Address: _____ Apt #: _____

City / State: _____ ZIP: _____

Residential Address (If different from above): _____

I have a library card from another Massachusetts city or town.

Previous Address: _____

Primary Phone #: () _ _ _ - _ _ _ Secondary Phone #: () _ _ _ - _ _ _

Email Address for notifications: _____ @ _____

(You'll get an email when holds are in and an email reminder 2 days before items are due)

YES! Sign me up to receive Wowbrary, a weekly email notification about new items at the library

Text notifications: Cell #: () _ _ _ - _ _ _ Cell Carrier: _____

(You'll get a text when holds are in—Normal text rates apply)

Date of birth _____ / _____ / _____ (mm/dd/yyyy)

PLEASE READ BEFORE SIGNING:

I verify that this information is correct and I assume financial responsibility for materials borrowed or for charges incurred on the library card issued with this application.

I agree to comply with the rules of the Chicopee Public Library and CWMARS member libraries. I understand that this card is not transferable and may not be used by another person.

Signature _____

Date _____

STAFF USE ONLY:

Date: _____ Staff Initials: _____ Barcode: _____

Patron Type: Adult Senior Handicapped Out of State

Form of ID: License Postcard _____ Other _____

Date Mailed _____