



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

1. Print out this form (ages 13-17 years)
2. Bring the completed application, with photo ID and proof of current address, to any branch of the Chicopee Public Library. If you do not have ID, your parent or legal guardian must be with you to sign the form.

YOUNG ADULT LIBRARY CARD APPLICATION

PLEASE PRINT

Last Name: _____ First: _____ Middle Initial: _____

Parent/Legal Guardian Name: _____

Mailing Address: _____ Apt #: _____

City / State: _____ ZIP: _____

Residential Address (If different from above): _____

Parent's Address (If different from above): _____

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)

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

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

Chicopee Public School ID # (for OneCard access): _____

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

PLEASE READ BEFORE SIGNING:

I understand that notification will be mailed to the above address to verify that this information is correct and to confirm 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

 Parent/Legal Guardian Signature (if no ID) Date

STAFF USE ONLY:

Date: _____ Staff Initials: _____ Barcode: _____

Parent/Legal Guardian notification mailed Date: _____

Form of ID: License School ID

Postcard _____ Other _____

Date Mailed

Replacement Card