



Chicopee Public Library

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

1. Fill 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

Legal Name, Last: _____

First: _____ Middle : _____

Preferred Name: _____

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

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 email notifications about due dates and renewals)

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

YES! I want to receive my checkout receipts via email instead of getting a physical printout

Text notifications: Cell #: () _ _ _ - _ _ _ _ Cell Carrier: _____
(Such as AT&T or T-Mobile)

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

YES! I would like The Friends of the Chicopee Public Library to contact me about membership

By Applying for a Library Card You Agree:

- 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 will 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.