

# CHESTER COUNTY LIBRARY SYSTEM CARD APPLICATION

**VALID, CURRENT I.D. IS REQUIRED (NAME AND ADDRESS).**

**PLEASE PRINT**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Municipality \_\_\_\_\_

E-Mail \_\_\_\_\_ *(Library notices will be e-mailed to this address)*

Birth Year \_\_\_\_\_ Gender (circle one) Male Female

I hereby take full responsibility for materials checked out on this card.  
**For children under 12, signature of PARENT/GUARDIAN is also required.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you do not live in Pennsylvania** but work or attend school in Chester County, please provide the following information. Otherwise an out-of-state fee of up to **\$20.00** may apply.

Employer/School Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## HOLDS PICK-UP SERVICE REQUEST

Please allow/do not allow (circle one) the following person(s) to pick-up my reserved items:

**PLEASE PRINT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By submitting this request I agree to waive confidentiality of titles I have placed on reserve solely for the purpose of allowing the person(s) designated the ability to pick-up these items, without restriction, in my absence.*

*I further understand that it is my obligation to provide written notice to the Library of any subsequent change should I no longer authorize the person(s) designated to access or otherwise retrieve my reserved items.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## STAFF USE ONLY

ZEBRA LABEL -

\_\_\_\_\_  
Staff initials

\_\_\_\_\_  
I.D. SHOWN