



## 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 #: (    ) \_ \_ \_ - \_ \_ \_ \_

*(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.