

BLUE RIDGE REGIONAL LIBRARY CARD APPLICATION
(PLEASE PRINT)

STAFF USE ONLY					
BAS	CVL	MVL	PAT	RWY	BM
Library Card # _____					
RP _____					
RP ID _____					

Social Security Number

Last Name

First Name

Middle Initial

Date of Birth

Email Address

Pin # (5-8 characters)

Age (Check One)

- | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| 60+ | 45-59 | 26-44 | 18-25 | 12-17 | 6-11 | 5 & under |

Gender (Check One)

- | | |
|----------------------------|----------------------------|
| <input type="checkbox"/> M | <input type="checkbox"/> F |
| Male | Female |

Mailing Address:

Physical Address (if different from mailing):

City State Zip Code

City State Zip Code

(_____)_____
Home Phone Number

(_____)_____
Second phone (if available)

I agree to obey all library rules and regulations, to pay for loss or injury to materials, and to give immediate notice of change of address or loss of library card. I understand that nonpayment of charges may result in claims against my tax refund or other state income through the State of Virginia's Debt Set-Off program.

Signature: _____

Date: _____

FOR CHILDREN UNDER THE AGE OF 18, PARENT OR GUARDIAN MUST SIGN:

I am the Responsible Party for this underage patron.

Signature: _____

Date: _____

I give permission for my child to use the Internet.

Signature: _____