

**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: \_\_\_\_\_