

Roanoke Valley Libraries Card Application

Card No. 199990_____

Please Print

Name: _____

First Middle Last Suffix

Address: _____

P.O. Box and/or Street

Phone: [] [H] _____ [W] _____ Ext: _____

Area Code

Check Number to Call for Requested Books

Permanent

Address: _____

P.O. Box and/or Street

If Different

City State Zip

***E-Mail:** _____

***NOTE: Notices Will Be Sent to E-Mail Address**

Effective July 1, 2002, HB731 of the 2002 Virginia General Assembly updated the Virginia Freedom of Information Act. Email subscribers receiving information from a public body may, at their request, be exempt from having their email address given out should the email list be requested under the Freedom of Information Act (FOIA). If you would like to be exempted, please check the box below.

Yes, I want my e-mail address to be exempt from FOIA distributions:

S.S.N. -or- DLN: - -

Optional

OVER →

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OVER →

Please Complete the Following:

Age: [Check one] <input type="checkbox"/> 1-11 [Child] <input type="checkbox"/> 12-17 [Young Adult] <input type="checkbox"/> 18+ [Adult] Date of birth: / /						
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Resident of: [Check one]	<input type="checkbox"/> Botetourt Co. <input type="checkbox"/> City of Roanoke <input type="checkbox"/> Roanoke Co. <input type="checkbox"/> Salem <input type="checkbox"/> Alleghany Co.	<input type="checkbox"/> Bedford <input type="checkbox"/> Craig Co. <input type="checkbox"/> Floyd Co. <input type="checkbox"/> Franklin Co. <input type="checkbox"/> Montgomery Co.	<input type="checkbox"/> Rockbridge Co. <input type="checkbox"/> Out of State <input type="checkbox"/> Other:	
Which library do you consider to be your home library? [Check <i>only one</i>]	<input type="checkbox"/> Bent Mtn. <input type="checkbox"/> Blue Ridge <input type="checkbox"/> Buchanan <input type="checkbox"/> Fincastle	<input type="checkbox"/> Gainsboro <input type="checkbox"/> Glenvar <input type="checkbox"/> Hollins <input type="checkbox"/> HQ/419	<input type="checkbox"/> Jackson Pk. <input type="checkbox"/> Main <input type="checkbox"/> Melrose <input type="checkbox"/> Mt. Pleasant	<input type="checkbox"/> Raleigh Ct. <input type="checkbox"/> Salem <input type="checkbox"/> Vinton <input type="checkbox"/> W'mson Rd.	<input type="checkbox"/> Bot. Co. Bookmobile <input type="checkbox"/> City Bookmobile	

I accept responsibility for all materials borrowed on this card and agree to abide by the policies of the Roanoke Valley Libraries. These policies include paying for lost or damaged items, all overdue fines and giving immediate notice of card loss or change of address.

Signature: _____

For Parent or Guardian of a Minor:

Name: _____

	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Suffix</i>
Address:	_____			
<i>If Different</i>	<i>P.O. Box and/or Street</i>			

	<i>City</i>		<i>State</i>	<i>Zip</i>

Please Complete the Following:

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Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Resident of: [Check one]	<input type="checkbox"/> Botetourt Co. <input type="checkbox"/> City of Roanoke <input type="checkbox"/> Roanoke Co. <input type="checkbox"/> Salem <input type="checkbox"/> Alleghany Co.	<input type="checkbox"/> Bedford <input type="checkbox"/> Craig Co. <input type="checkbox"/> Floyd Co. <input type="checkbox"/> Franklin Co. <input type="checkbox"/> Montgomery Co.	<input type="checkbox"/> Rockbridge Co. <input type="checkbox"/> Out of State <input type="checkbox"/> Other	
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