

Roanoke Valley Libraries Library Card Application

Card Number: 199990 _____

Name: _____
First Middle Preferred Name Last Suffix

Address: _____
P.O. Box and/or Street

City State Zip

Phone: [] _____ [] _____
Primary Number Secondary Number

Permanent Address or Address of the Parent of a Minor ***If Different From Above:***

P.O. Box and/or Street

City State Zip

Email (notices will be sent to email): _____

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 email to be **exempt** from FOIA distributions:

SSN or DLN (optional): - -

Age [check one]: Age Birth to 11 (Child) Age 12 to 17 (Young Adult) 18 or Older (Adult)

Date of Birth: _____ / _____ / _____ Gender: Male Female
Month Day Year

Resident of:

<input type="checkbox"/> Botetourt County	<input type="checkbox"/> Bedford	<input type="checkbox"/> Rockbridge County
<input type="checkbox"/> City of Roanoke	<input type="checkbox"/> Craig County	<input type="checkbox"/> Out of State
<input type="checkbox"/> Roanoke County	<input type="checkbox"/> Floyd County	<input type="checkbox"/> Other Virginia
<input type="checkbox"/> Salem	<input type="checkbox"/> Franklin County	
<input type="checkbox"/> Alleghany County	<input type="checkbox"/> Montgomery County	

Which library do you consider to be your home library? *[check only one]*

<input type="checkbox"/> Bent Mountain	<input type="checkbox"/> Fincastle	<input type="checkbox"/> Law	<input type="checkbox"/> Salem
<input type="checkbox"/> Blue Ridge	<input type="checkbox"/> Gainsboro	<input type="checkbox"/> Main	<input type="checkbox"/> South County
<input type="checkbox"/> Botetourt Bookmobile	<input type="checkbox"/> Glenvar	<input type="checkbox"/> Melrose	<input type="checkbox"/> Vinton
<input type="checkbox"/> Buchanan	<input type="checkbox"/> Hollins	<input type="checkbox"/> Mount Pleasant	<input type="checkbox"/> Williamson Road
<input type="checkbox"/> Eagle Rock	<input type="checkbox"/> Jackson Park	<input type="checkbox"/> Raleigh Court	

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 of Applicant: _____

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____