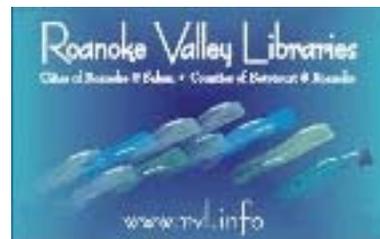


Roanoke Valley Libraries

Card Application



Card Number: 19999 _____

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: _____

*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 email to be exempt from FOIA distributions:

SSN or DLN (optional): - -

Age [check one]: 1-11 [Child] 12-17 [Young Adult] 18+ [Adult]

Date of Birth: _____/_____/_____ Gender: Male Female

Resident of:

<input type="checkbox"/> Botetourt Co.	<input type="checkbox"/> Bedford	<input type="checkbox"/> Rockbridge Co.
<input type="checkbox"/> City of Roanoke	<input type="checkbox"/> Craig Co.	<input type="checkbox"/> Out of State
<input type="checkbox"/> Roanoke Co.	<input type="checkbox"/> Floyd Co.	<input type="checkbox"/> Other VA:
<input type="checkbox"/> Salem	<input type="checkbox"/> Franklin Co.	
<input type="checkbox"/> Alleghany Co.	<input type="checkbox"/> Montgomery Co.	

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

<input type="checkbox"/> Bent Mtn.	<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"/> Mt. Pleasant	<input type="checkbox"/> Williamson Rd.
<input type="checkbox"/> Eagle Rock	<input type="checkbox"/> Jackson Park	<input type="checkbox"/> Raleigh Ct.	

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: _____ Parent or Guardian of a Minor: _____