



Central Virginia
Regional Library

LIBRARY CARD APPLICATION

Date _____

Please print clearly

LAST NAME		FIRST NAME		MI
MAILING ADDRESS				APT. NO.
CITY		STATE	ZIP CODE	
RESIDENCE ADDRESS (if different from above)				
HOME PHONE		CELL PHONE	WORK PHONE	
DRIVER'S LICENSE OR ID NO.	RECEIVE E-NEWSLETTER <input type="checkbox"/> Yes <input type="checkbox"/> No		GENERAL CONTACT PREFERENCE: <input type="checkbox"/> EMAIL <input type="checkbox"/> HOME PHONE <input type="checkbox"/> CELL PHONE <input type="checkbox"/> WORK PHONE	
EMAIL ADDRESS		ITEMS ARE DUE/OVERDUE: <input type="checkbox"/> EMAIL <input type="checkbox"/> TEXT		
I agree to be responsible for all materials charged on my library card; to report a lost library card immediately; to observe library rules; to pay promptly all charges; and to notify the library of any name change or address changes. This card is non-transferable.		Phone Carrier (for text messages) How many days in advance would you like to be notified? _____		
SIGNATURE OF APPLICANT _____				

FOR PARENT/GUARDIAN OF MINOR APPLICANT

FIRST NAME OF PARENT/GUARDIAN	LAST NAME OF PARENT/GUARDIAN			
DRIVER'S LICENSE OR ID NO. OF PARENT/GUARDIAN			CHILD'S BIRTH DATE xx-xx-xx	
My child is permitted to borrow videocassettes and DVDs. <input type="checkbox"/> Yes <input type="checkbox"/> No				
My child is permitted to use the internet in the library. <input type="checkbox"/> Yes <input type="checkbox"/> No				
This library card entitles your child to complete access to all materials of Central Virginia Regional Library. I assume responsibility for library materials borrowed by this child from Central Virginia Regional Library.				
SIGNATURE OF PARENT/GUARDIAN _____				

STAFF USE ONLY

CARD NO.		BRANCH		
CIRCULATION CLASS <input type="checkbox"/> ADULT <input type="checkbox"/> CHILD <input type="checkbox"/> CHILD_INT		REPORT CLASS <input type="checkbox"/> ADULT <input type="checkbox"/> CHILD <input type="checkbox"/> SPECIAL		CASSIE SETUP <input type="checkbox"/> Yes <input type="checkbox"/> No CHECKED FOR PRE-EXISTING CARD <input type="checkbox"/> Yes <input type="checkbox"/> No OPAC ACCT. SETUP <input type="checkbox"/> Yes <input type="checkbox"/> No LINK TO PARENTAL ACCOUNT <input type="checkbox"/> Yes <input type="checkbox"/> No EMAIL ADDED TO MAILCHIMP (IF REQ.) <input type="checkbox"/> Yes <input type="checkbox"/> No
QUICK REGISTRATION		APPLICATION CHECKED		APPLICATION ATTACHED TO ACCT.
BY	DATE	BY	DATE	BY
				DATE