

Jefferson-Madison Regional Library Library Card Application

Applicant must present picture identification with name and current address.
If address is not in Charlottesville, Albemarle, Louisa, Greene, or Nelson there is an annual out-of-area fee of \$30.00. **Please Print Clearly**

Last Name	First Name	Middle Initial
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Mailing Address	Apt. #
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City, State	Zip Code
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E-mail address	Telephone ()
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Sex M / F	Birth date (mm/dd/yyyy)	City or County of Residence
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Your residential or permanent address IF different from above. Required if a PO Box is your Mailing Address.

Street

City/State/Zip Code



I agree to be responsible for all materials charged on my library card; to report a lost card at once; to observe library rules; to pay promptly all charges; and to notify the library of any name or address changes.

Signature of Applicant:

For Parent or Guardian of Minor Applicant (under 16)

I acknowledge that this library card entitles my child to complete access to all library materials. I assume responsibility for library materials borrowed by this child from the library.

Parent's Name (Print):

Parent's Signature:

Staff Use Only

Date:	Initials:	Barcode #: 217430
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