

Photo Identification and Proof of Current Address must be shown when applying for a VCPL Card.

Please Print	t .				
Name		Middle		Last	
Street			Δnt	City	
			-	-	
State		County		Birthday///////	
Email				Phone ()	
In what way	y would you pre	er to receive not	ices from t	the library? Email Phone	
		ddress or phone, no		oe mailed. The VCPL cannot guarantee promp	
				due library materials may be submitted to a taccounts past 60 days.	
Minor's Na	me	· · · · · · · · · · · · · · · · · · ·	Middle	Last	
Minor's Bir	thday/_ MM	DD YYYY			
If you atten		•		nt address is different than the one listed	
Street			Apt	City	
State	Zip	County		Phone ()	
		VCPL S	taff Use	Only	
Card Type:	□ New □ Re			Number	
Date/	/ Initia	S		al Signature 🏻 Mail Card	
ID Checked	I: Driver's Licer	nse	☐ Other	· ·	
Reciprocal/l	Reciprocal/PLAC Expiration Date:				
Notes					