LYNCHBURG PUBLIC LIBRARY

PATRON REGISTRATION FORM

Social Security Number or Virginia DMV I.D. Number

___ ___ ___ — ___ ___ — ___ ___ ___ ___

1. Full Legal Name: _____
   Last First Initial

2. Street: _____

3. City, State, Zip: _____

4. Home Phone: _____ Work Phone: _____

5. College Student (**Currently Enrolled**) at CVCC? Yes _____ No _____

6. Legal Residence: Circle One (**Proof of Residency required**)

   City of Lynchburg Amherst County Campbell County

   Appomattox County Bedford County Other

7. Age Range: Circle One

   a. 5-12 b. 13-17 c. 18-60 d. 60+

   Date of Birth _____ _____ _____
   Month Day Year

8. _____ Male or _____ Female

9. **If under 12, a parent or guardian's signature is required:**

   Parent or Guardian: _____

10. Permanent Address (**if different from above**):

    Street: _____

    City, State, Zip: _____

11. E-Mail Address: _____

Rev. 1/06