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# Virtual Card Application

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  |  |  |
|  | Last | First | M.I. |  | *Date of Birth* |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

Which Branch of Blackwater Regional Library would you consider your home branch?

 Carrollton Claremont Courtland Franklin Smithfield Surry Wakefield Waverly Windsor

The library will call the phone number above when your card is ready for pick-up.

Please be prepared to provide your photo I.D. or Driver’s License upon arrival. Applicants under the age of 18 require a parent or guardian’s signature.

To submit, please save your completed application to your desktop and submit as an attachment to dpope@blackwaterlib.org