

ADULT

MINOR

Barcode

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

Please Print

Name _____
First
Middle
Last

Street _____ Apt _____ City _____

State _____ Zip _____ County _____ Birthday ____/____/____
MM
DD
YYYY

Email _____ Phone (____) _____

In what way would you prefer to receive notices from the library? Email Phone

If you do not have an email address or phone, notices will be mailed. The VCPL cannot guarantee prompt delivery of notices mailed through the United States Postal Service.

I agree to be responsible for all materials charged on the library card, notify the library of any name or address changes, report a lost library card at once, observe library rules, and pay any charges. Ownership of this card is not transferable. Information regarding overdue library materials may be submitted to a collection agency and a \$20 fee will be assessed for delinquent accounts past 60 days.



_____ / ____ / ____

Minor's Name _____
First
Middle
Last

Minor's Birthday ____/____/____
MM
DD
YYYY

If a student or an educator, enter the school's name _____

If you attend school in Vigo County and your permanent address is different than the one listed above, please enter it below.

Street _____ Apt _____ City _____

State _____ Zip _____ County _____ Phone (____) _____

VCPL Staff Use Only

Card Type: New Renewal Old Card Number _____

Date ____/____/____ Initials _____ Digital Signature Mail Card

ID Checked: Driver's License Old Card Other _____

Reciprocal/PLAC _____ Expiration Date: _____

Notes _____