BOSTON LIBRARY CONSORTIUM

CONSORTIUM CARD PROGRAM APPLICATION

		Date	
NAME: Last		Library I.D.#	
First	MI	-	
LOCAL RESIDENCE:			
]TELEPHONE NUMBERS:/			
E-MAIL ADDRESS:			
STATUS (Circle one): Faculty/Staff	Graduate Student Und	lergrad Student	
RESEARCH AREA:			
To the Applicant:			
You will need to register at any Poston	Library Concortium (PL) library from which y	ou wich to horrow

You will need to <u>register</u> at any Boston Library Consortium (BLC) library from which you wish to borrow materials. The lending library may set a shorter expiration date than the one appearing on your card.

Borrowing privileges and expiration dates vary at each member institution. Please note that <u>there are</u> <u>different loan periods and fine structures at each library. You are responsible for any charges you</u> <u>accrue.</u> Failure to abide by lending library rules may result in loss of library privileges at all Consortium libraries.

Contact your home library to renew your Consortium Card.

Consortium cards are non-transferable.

I agree to abide by the rules of the Consortium and the lending library.

(Applicant Signature)

 For Staff Use:

 Circulation status check:

 DATE ISSUED

 ISSUED BY

 EXPIRATION DATE 1

 2
 3

 4

 CONSORTIUM CARD CODE: Letter
 Number 24