BOSTON LIBRARY CONSORTIUM
CONSORTIUM CARD PROGRAM APPLICATION

DATE ___________

NAME: Last _________________________________________ Library I.D.# _____________________
First ____________________________________ MI ___

LOCAL RESIDENCE:
___________________________________________________________________
___________________________________________________________________ ZIP _________________

TELEPHONE NUMBERS: _____/______________________

E-MAIL ADDRESS: _____________________________________________________________

STATUS (Circle one):   Faculty/Staff     Graduate Student     Undergrad Student

RESEARCH AREA: ________________________________________________________________

To the Applicant:

You will need to register 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 there are
different loan periods and fine structures at each library. You are responsible for any charges you
accrue. 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 - ______________