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ALUMNI MEDICAL LIBRARY
Boston University Medical Center
Reference Department
Boston Library Consortium Card Application

To obtain a Boston Library Consortium Card, please complete the information below. Incomplete information will delay processing of the Consortium Card. You may also apply in-person at the Reference Desk, Monday-Friday, 8:30am-5:00pm.

Please print and complete this form and send it with a photocopy of your valid BUMC or BMC ID to:

FAX: 617-638-4233
MAIL: Attn: Reference Department, Alumni Medical Library, 72 East Concord St., Boston MA 02118
IN-PERSON: Bring this form and your valid BUMC/BMC ID to the Medical Library Reference Desk.

A Boston Library Consortium Card will be mailed to eligible users within 1-2 days business days after the Reference Department receives this form. For more information contact a Reference Librarian at 617-638-4228 or refquest@medlib.bu.edu.

Name:_____ BUMC or BMC ID #:_____

Department Address:_____

Home Address:_____
Please be sure to include city and zip code.

Office Telephone:_____ Home Telephone:_____

E-Mail Address: _____

Affiliation (please check one):
____BMC
____School of Dental Medicine
____School of Medicine
____School of Public Health
____Graduate Medical Sciences

Research Area:_____

Status (please check one):
____Student
____Faculty
____Staff

Please read and sign the next page.

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 the Reference Department to renew your consortium card. Consortium cards are non-transferable.

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

Applicant's Signature (Required):_____

Date (Required):_____

For Department Use Only:
CIRCULATION STATUS CHECK:_____ DATE ISSUED:_____ ISSUED BY: _____
EXPIRATION DATE: 1_____ 2 _____ 3 _____ 4 _____ CARD NUMBER: B_____