

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 this form, and send it, along with a **photocopy of your valid BUMC or**

BMC ID to:

FAX: 617-638-4233

MAIL: Alumni Medical Library L-12, Attn: Reference Department, 715 Albany Street, Boston, MA 02118

IN-PERSON: Bring this application, along with your valid BUMC or BMC ID to the Alumni Medical Library Reference Desk.

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

Name: _____ BUMC ID # or BMC ID #: _____

Department Address: _____

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

Office Telephone: _____ Home Telephone: _____

Electronic Mail Address: _____

Affiliation (*please check one*):

- BMC
- School of Dental Medicine
- School of Medicine
- School of Public Health
- Graduate Medical Sciences

Status (*please check one*):

- Student
- Faculty
- Staff

Research Area: _____

Please read and sign below:

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** _____