Boston University Medical Center  
Alumni Medical Library  
Reference Department  
Boston Library Consortium  
Consortium Card Application

Date ________________  
BMC ID ____________  
OR  
BU ID ______________

NAME Last ___________________________  
First __________  
MI ___

LOCAL RESIDENCE  ____________________________________________  
DEPARTMENT/OFFICE ADDRESS  ____________________________________

TELEPHONE NUMBERS (A) Residence ____________  (B) Office ________________

E-MAIL ADDRESS ___________________________  ONLY BU or BMC

STATUS (Circle one)  Faculty  Graduate Student  Post-Doc  Staff

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 the Reference Department to renew your BLC card. 617-358-4499 or refquest@bu.edu

Consortium cards are non-transferable.

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

(Applicant's Signature)

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For Staff Use:

Circulation status check: ____________________________

DATE ISSUED ________________  ISSUED BY ____________________________

EXPIRATION DATE 1 __________ 2 __________ 3 __________ 4 __________

CONSORTIUM CARD CODE: Letter B  Number _____________________________

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