

**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 [refrequest@bu.edu](mailto:refrequest@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)

**For Staff Use:**

Circulation status check: \_\_\_\_\_

DATE ISSUED \_\_\_\_\_ ISSUED BY \_\_\_\_\_

EXPIRATION DATE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

CONSORTIUM CARD CODE: Letter B Number \_\_\_\_\_