

LIBRARY BORROWER APPLICATION



PLEASE PRINT USING INK.

Date of application: _____ ID #: _____

(to be filled in by library staff)

Name: _____

Last

First

M.I.

Mailing Address: _____

Street Address

City

State

Zip Code

Home phone: _____ Work phone: _____

Alternative phone: _____

Email *(check the preferred email address; check only one)*

CBTS Email address: _____ Preferred

Alternate email address(es): _____ Preferred

_____ Preferred

By what method do you want library notices sent to you? *(check only one)* Email US Mail

Patron Category *(check only one)*

D.Min./M.Div./M.A./Diploma Student

Faculty/Staff/Admin

Alumni/Clergy

Special

I hereby agree to OBSERVE all published and/or posted Library policies and rules, take proper care of any and all materials borrowed to me, RETURN them when due, and PAY for any and all fines or fees resulting from materials being overdue, damaged, or lost while in my possession. I UNDERSTAND that I am the only person who may borrow materials on this account/card and that my privileges may be blocked, barred, or cancelled at any time if I fail to abide by this agreement.

Signature of applicant _____ Date _____

***** *for library staff use only* *****

Date application entered _____ Application received by _____

PIN # _____ Privileges expiration date _____