

EARLHAM COLLEGE LIBRARIES BORROWER'S CARD APPLICATION

Richmond, IN 47374-4095

I have read the policy and I hereby agree to obey all the rules and regulations of the Earlham College Libraries, to pay all fines promptly, and to make good any loss or damage to material loaned to me.

I WILL NOTIFY THE LIBRARY IF I CHANGE MY ADDRESS. IF I LOSE MY CARD, THE COST WILL BE \$5.00 TO RECEIVE ANOTHER CARD.

Applicant's Signature _____ Date _____

NAME (please print) _____
Last Name First Name Middle Initial

HOME ADDRESS _____
(P.O. Box not acceptable) Street Address City State Zip

Parent/Guardian's Name (if under age 16) _____ Parent/Guardian's Signature _____

E-MAIL ADDRESS _____ HOME PHONE _____
(Area Code) Phone Number

PLACE OF EMPLOYMENT _____
(name) (city/state)

DAYTIME/EMPLOYER'S PHONE _____
(Area Code) Telephone Number

- PLEASE CIRCLE ONE -

- **Earlham Family** - Are you related to an Earlham Alumni/Faculty/or Staff Member? Yes ___ No ___ If "yes," to whom are you related? _____
- **Community Member**
- **Other** _____
(Please specify)

YOUR CARD WILL EXPIRE IN ONE YEAR. You will receive your card in the mail within one week. No books may be checked out until a card is received.

Office use only: New ID barcode _____
Name of student/staff person processing the card _____