



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: _____

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)

☐ M.Div./M.A. Student ☐ Faculty/Staff
☐ 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 _____