APPLICATION FOR COMMUNITY LIBRARY CARD

DATE:		
NAME	(LAST, FIRST):	
ADDRE	SS:	
CELL PH	HONE:	HOME OR WORK PHONE:
EMAIL .	ADDRESS:	
		regulations of the Indiana Wesleyan University Library, to pay all damage to materials while in my possession. Signature:
		Signature.
*****	**************	**************************************
Barcode N	lumber:	Name of Staff Issuing Card:
SELECT OF		erification Circle one: Faculty Student Staff orticipating ATLA library (American Theological Library Association)
	Must see Student ID/ Faculty ID for ve College/University:	<u>`</u>
		ticipating ACL library (Association of Christian Librarians) ACL Authorization Form OR Have Reference Librarian call their library to confirm erification Circle one: Faculty Student Staff
		erification Circle one: Faculty Student Staff
	ALUMNI/IWU FAMILY: Alumni or spouse/child of aCircle one: Alumni ORMust see form of verification (circle orFee Waived	IWU Family (spouse or children of faculty/staff)
	Must see form of verification (circle or\$25.00 annual fee received (circle oneFee waived for pastors. Must provide	e): cash check payable to "IWU Library" (#)
	VISITOR: Temporary guest on campus, attending at Conference/Event:	ne): Drivers License Credit Card Soc. Security Card