

American University Library Group Associate Borrowing Program

Application for Membership

Organization's Name: _____

Address: _____

Phone Number: _____

Contact Person: _____

Address (if different from above): _____

Phone Number (if different from above): _____

Name of main card holder: _____

Additional card holder(s): _____

Each borrower must agree to the following conditions:

1. I will notify the American University Library of any address changes.
2. The associate borrower card is not transferable. I am responsible for all books checked out and any fines that accrue on my record.
3. Food may not be consumed in the library.
4. Books may be borrowed from the general collections for four weeks. A book may be renewed if it has not been requested by another patron. Books are renewable twice online.
5. Fines are \$0.25 per day. Maximum fine per book is \$10.00. Fines for recalled books are \$5.00 per day up to \$25.00.

Borrower # 1 Signature _____
Borrower # 2 Signature _____
Borrower # 3 Signature _____

Status of Organization (please check appropriate box)

Commercial

Non-Profit and government

Category of Non-profit identification number; as registered with the US Internal Revenue Service:

Please indicate your participation choices: (please check all that apply)

New Account

*Renewal Account

*If this is a renewal account the previous cards will remain valid, unless there are new card holders. Please contact the circulation desk with information about these new borrowers.

Commercial organizations:

Non-Profit and government organizations:

1 year membership
(\$1000, \$200 each additional card)

1 year membership
(\$500, \$100 each additional card)

3 month membership
(\$400, \$100 each additional card)

3 month membership
(\$200, \$50 each additional card)

Please send _____ card(s), for a total membership fee of \$_____.

Please send _____ card(s), for total membership fee of \$_____.

Please renew _____ card(s) for a total membership fee of \$_____.

Please renew _____ card(s) for a total membership fee of \$_____.

Method of payment: _____

If there are any questions or concerns about the group associate borrower program, please call the Head of Circulation at (202)885-3225.

STAFF USE ONLY

Staff Member: _____

Date: _____