

Preston Medical Library Subscriber Agreement

Subscriber Name (Last, First):

Corporation/Firm Name:

Address (Please circle one: Home OR Office?):

E-Mail: _____

Telephone: _____

Fax: _____

The individual listed as "subscriber" has the primary liability for all fines, penalties and other charges that result from the violation of the Preston Medical Library's lending policies, whether on the main or courtesy card issued.

Signature:

Date: _____

To be completed by Library Staff:

Subscriber Bar Code Number and Date Issued:

Expiration Date: _____

Courtesy Bar Code Number and Date Issued:

Expiration Date: _____

Please notify the Preston Medical Library of any address change.