

Membership Application Form

John Smyth Library (IBTS Centre Amsterdam)

Library Card



JOHNSMYTHLIBRARY

IBTS CENTRE AMSTERDAM

APPLICANT'S DETAILS

First Name:	Date of birth:
Last name:	
Contact address	Phone No.:
Street:	
Postal code:	E-mail address:
City:	
Country:	

Additional comments:

I agree to accept responsibility for all materials and/or service fees charged to my membership card. I accept full responsibility for materials borrowed and will promptly pay any damages or fines imposed. I understand that my failure to abide by the rules and policies of IBTS Centre Amsterdam Library may result in suspension or revocation of member privileges.

Date:

Signature:

OFFICE USE ONLY

IBTS Centre staff / student
EBF staff / student
Unie / Seminarium staff / course leader
Dutch University staff / student
Other:

Card issued and account created:

Date:

Librarian's signature:

Your information will be stored in our library management system. Library staff of the Theologische Universiteit Kampen and the Theologische Universiteit Apeldoorn also have access to this system.