

# BORLAND LIBRARY

University of Florida Health Science Center  
Jacksonville, FL

## APPLICATION FOR AFFILIATION NON-HEALTHCARE PROFESSIONAL

Organization _____
Address _____ _____
Phone (____) _____ Fax (____) _____
Email _____
Contact for invoicing _____
Individual(s) to whom card will be issued: _____ _____

\*\*\*\*\*  
The affiliation status is valid for the calendar year, and the fee is non-reimbursable. The organization or group with whom the affiliation is established assumes responsibility for the actions of its members with regard to safe and timely return of borrowed materials and prompt payment of invoices. The organization is responsible for retrieval of any cards issued to members who leave its employment. The library will not assume responsibility for any unauthorized use of cards. Individuals may be asked for identification by library staff and should have their cards available when requesting services either in person or by telephone. Due to licensing restrictions, affiliates are not allowed off campus access to any electronic resources purchased by UF.  
\*\*\*\*\*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For office use only	
Date received _____	
Check # _____	Amount _____
Affiliation List _____	
PPI Letter _____	
Patron Record _____	
Card # _____	