

# 《 Alumni / Resident in Fujisawa / Working in Fujisawa 》

\*Please circle the appropriate term

## SFC Local Library Card Application Form

To the Director of the Shonan Fujisawa Media Center:

I wish to apply for permission to use your facilities. Accordingly, I agree to follow the rules of the Media Center.

<Handling of Personal Information>

Personal information provided on this form, such as name, address and phone number will be used for the following purposes only:

Media Center usage procedure / Provision of library services (loans, etc.) / Contacting borrowers / Creation of statistics

**\*Write within the bold line.**

Name	Please check one of the following application options		
	<input type="checkbox"/> Alumni	Graduation Year:	Faculty: Graduate School:
	<input type="checkbox"/> Resident in Fujisawa	* <b>Students cannot register</b>	
Date of Birth	MM / DD / YYYY	<input type="checkbox"/> Working in Fujisawa	Company Name:
			Work Address:
Zip Code	〒      —		
Address			
Phone Number	(Home)	E-mail	
	(Cell)	Acquire ID for My Library	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already have ID

----- To be completed by Media Center staff -----

身分証明書	運転免許証   旅券(パスポート)   社員証   健康保険証   その他(      )
カード番号	(新規・継続) <b>77</b> ←↑ 該当する項目に必ず○をつけること
受付	月      日 (担当:      )
入金票 No.	
ID引渡し	月      日 (担当:      )
システム登録	月      日 (担当:      )
ゲート登録	月      日 (担当:      )
カード作成	月      日 (担当:      )
カード引渡し	月      日 (担当:      )

受付印

