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**CORPORATE MEMBERSHIP PLAN
MEMBERSHIP APPLICATION & PATRON INFORMATION FORM**

PLEASE PRINT
Company FEIN #

Company Name

Business Address

Suite #

City

State

Zip Cod

Business Phone

Fax

Please read and sign

I understand that I am the only one permitted to use my Corporate Membership Card and that my company is responsible for all materials I borrowed and I agree to abide by all pertinent University Library regulations.

(Employee User #1 Print Name and Sign)

(Employee User #2 Print Name and Sign)

(Employee User #3 Print Name and Sign)

(Employee User #4 Print Name and Sign)

(Employee User #5 Print Name and Sign)

The Corporation understands it has final responsibility for materials borrowed by individual corporate employees in the UIC Library Corporate Membership Plan and for any fees assessed by the Library. The Corporation agrees to abide by all pertinent University Library regulations.

(Signature, Authorized Corporate Officer)

(Date)

Mail to: University Library/Corporate Membership Plan
Administrative Office (M/C 234)
University of Illinois at Chicago
PO Box 8198
Chicago, IL 60680

Checks should be made payable to: **The University of Illinois**

Office Use:

Date:

Card #

Check

\$ _____

Ck #

Ex. Date
