

# Copier Accountant Personal Card Application

Wake Forest University Baptist Medical Center  
Coy C. Carpenter Library

## One Card per Application

Please Print Legibly

Date: \_\_\_\_\_

### Cardholder Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zipcode: \_\_\_\_\_

Extension: \_\_\_\_\_ Beeper: \_\_\_\_\_

Department: \_\_\_\_\_

Student Box Number: \_\_\_\_\_

### Patron Type

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> WFUSM Faculty          | <input type="checkbox"/> Medical Student 2 | <input type="checkbox"/> WFU Faculty      | <input type="checkbox"/> BioServe              |
| <input type="checkbox"/> WFUSM PT Faculty       | <input type="checkbox"/> Medical Student 3 | <input type="checkbox"/> WFU Grad Student | <input type="checkbox"/> Community             |
| <input type="checkbox"/> WFUSM Fellow           | <input type="checkbox"/> Medical Student 4 | <input type="checkbox"/> WFU Staff        | <input type="checkbox"/> QualChoice            |
| <input type="checkbox"/> WFUSM Staff            | <input type="checkbox"/> Alumni            | <input type="checkbox"/> WFU Undergrad    | <input type="checkbox"/> Allied Health Faculty |
| <input type="checkbox"/> WFUSM PA               | <input type="checkbox"/> NCBH Resident     | <input type="checkbox"/> MDNC             | <input type="checkbox"/> Allied Health Student |
| <input type="checkbox"/> WFUSM Graduate Student | <input type="checkbox"/> NCBH Staff        | <input type="checkbox"/> AEGIS            | <input type="checkbox"/> AHEC                  |
| <input type="checkbox"/> Medical Student 1      | <input type="checkbox"/> NCBH Student      | <input type="checkbox"/> WSSU Biomed      | <input type="checkbox"/> WFUSM Preceptor       |
| <input type="checkbox"/> Other                  |  |   |  |

A \$1.00 fee will be charged for each replacement card.