

Library Online Subscription Form

Contact Information

Name: _____

Address: _____

City, State, ZIP: _____

E-mail: _____

Please sign me up for email updates!

Telephone: ____ - ____ - _____

We do not share our mailing list. Your information is confidential.

Subscription Level

Select one:

<input type="checkbox"/> Family Level	Sixty items/year	\$75/year
<input type="checkbox"/> Generations Level	Ninety items/year	\$100/year
<input type="checkbox"/> Visionary Level	Unlimited checkouts	\$125/year

Limit ten items checked out at a time. Items may be checked out for three weeks at a time, beginning when the items arrive to the patron.

Payment Method

Check or Money Order (enclosed; payable to The Family Vision)

Credit or Debit Card:

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Card #: _____	Security code*: _____	Exp.: ____/____/____

**The security code is the three-digit on the back of your card.*

If you cannot afford a subscription, please contact us; we have a limited number of scholarships available.

Policies

When the patron places a request on our online catalog, we will ship the items as they are available. The patron may use the items for three weeks from their arrival date. After three weeks, the patron must either request a renewal (by phone or email) or ship them back to us. We provide postage for the return at media mail rates.

Materials not returned within six weeks will be considered lost, and the patron will be responsible for the replacement cost of the materials.

I understand and agree to the policies of The Family Vision Library Online.

Signature: _____ Date: ____/____/____