Health Library & Resource Center Membership Application Form

Today’s date

Driver’s license number

First name

Last name

Email address (Please note: We will not share your email address with any other organization.)

Area code and daytime telephone

Home address

City and zip code

Circle one: Female Male

Circle one: Under 16 Age 16–20 Age 21–40 Age 41–60 Age 61+

How did you hear about our Membership program?

- El Camino Hospital’s web site
- Hospital publication (circle one): Physician Fax Scope
- Public library

- At the Health Library & Resource Center
- Friend
- Other ____________________________

I accept responsibility for all materials checked out on this card, with or without my consent, and I agree to pay for late or damaged/lost materials. I agree to notify the library promptly of change of address or loss of this card.

Signature

Staff signature

For office use only:

Barcode number: ____________________________

Entered into Evolve.MD by ________ (your initials)

Entered into EBSCO by__________ (your initials)