

Member Registration Form

Library Card Number (Staff Use Only)

Entered Completely (Staff Use Only)

Entered in Short Form (Staff Use Only)



Last Name First Name M.I.

Institutional Information

Institution Department

Address City State Zip Code

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Office Phone Number Office Fax Number

Institutional Email Address Institutional ID Number

Classification (check one)

Faculty Academic Postdoc/Fellow Student Graduate Staff Allied Health
 Faculty Adjunct Resident Student Medical Staff Clinical/Nursing
 Professional Practitioner Special/Observer/Visitor Student Undergraduate Staff Research/Administrative

Home Information

Address Apt. # City State Zip Code

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Home Phone Number Mobile Phone Number Fax Number

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Authorization

Signature of Borrower Date

Expiration of Borrower