

A PLANETREE AFFILIATE

Telephone: 650-940-7210 Fax: 650-940-7174 Email: healthlib@elcaminohospital.org Online: www.elcaminohospital.org/library Hours: Monday – Friday, 8 am – 4:30 pm

Health Library & Resource Center Membership Application Form

| Today's date | | | Driver's license number | | |
|------------------|--------------------|--|-------------------------|----------------------|-----------------|
| First name | | | Last name | | |
| Email address | (Please note: We v | vill not share your ema | ail address with any | other organization.) | |
| Area code and o | daytime telephon | е | | | |
| Home address | | | | | |
| City and zip coo | de | | | | |
| Circle one: | Female | Male | | | |
| Circle one: | Under 16 | Age 16–20 | Age 21–40 | Age 41–60 | Age 61+ |
| El Camino H | Hospital's web sit | nbership program? e ne): Physician Fax | | | Resource Center |

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) | | | | |

The Right Care. Right Here.