

**St. John's Riverside Hospital  
Medical Library**



**FACULTY / CSN ADMINISTRATION  
LIBRARY MEMBERSHIP APPLICATION**

**Please note that before any materials are checked out to patrons we ask that you complete a library membership application in order for the library staff to identify its patrons and track materials that are circulated from the library collection. We thank you in advance for your cooperation and patronage.**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

EMAIL: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

Office/Work No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

**Please check and/or circle one:**

CSN Faculty: \_\_\_\_\_

CSN Administrator: \_\_\_\_\_