

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



**Riverside Health Care System
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:

Hospital Administrative & Support Staff (not Cochran School): _____

Physician, Nurse, Allied Health Professional: _____