



HEALTH LIBRARY & RESOURCE CENTER  
Mountain View branch, 650-940-7379  
Cancer Center branch, 650-940-7379  
Los Gatos branch, 408-866-4044  
healthlib@elcaminohospital.org

## Membership application form

First name \_\_\_\_\_ Last name \_\_\_\_\_

Email \_\_\_\_\_

*For monthly Health eTips newsletter and library correspondence*

**Please note: We will not share your email address with any other organization.**

Check here if you do not wish to receive email from us.

Area code and daytime telephone \_\_\_\_\_

Home address \_\_\_\_\_

City and zip code \_\_\_\_\_

Preferred method of communication  Email  U.S. Mail

**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 \_\_\_\_\_ Date \_\_\_\_\_

For office use only:

Barcode number: \_\_\_\_\_

Entered into EOS on \_\_\_\_\_

Entered into EOS by \_\_\_\_\_ (initials)