

Library Membership Application and Renewal

Health Sciences Library – Creighton University

Name _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail address _____

Please indicate if this is:

A new membership

Renewal of an existing membership

Annual Membership Fee: \$300.00

I agree to abide by the policies of the Health Sciences Library and to accept responsibility for all materials and/or service fees incurred by myself and/or others within my organization. I understand that my failure to abide by the rules and policies of the Health Sciences Library may result in suspension or revocation of member privileges. New Library members will receive an identification card in the mail. Library memberships last one year (12 months) and are renewable. Library members will receive a renewal notification in the mail from the Health Sciences Library prior to expiration.

Signature _____ Date _____

Please make check payable to "Health Sciences Library and return to:

Administrative Office
Health Sciences Library
Creighton University
2500 California Plaza
Omaha, NE 68178-0210

For Office Use Only:

Member Number:

Check #

Date Paid: