



NEW YORK MEDICAL COLLEGE

MEDICAL SCIENCES LIBRARY
VALHALLA, NEW YORK 10595 TEL 914 594-4200 FAX 914 594-3171

Health Sciences Library
Application for Special Membership

Name: \_\_\_\_\_ Member No. \_\_\_\_\_

Address: (Business) \_\_\_\_\_ Phone (Business) \_\_\_\_\_

City State Zip

(Home) \_\_\_\_\_ Phone (Home) \_\_\_\_\_

City State Zip

Email: \_\_\_\_\_ Cell/Beeper: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

Type of membership: Access \_\_\_\_\_ Borrowing \_\_\_\_\_ Fee: \_\_\_\_\_

Membership Period: \_\_\_\_\_

I understand the rules and regulations of the Health Sciences Library and agree to abide by them.

Signature Date

Name (Print)

Please complete form and return with check made out to:
Health Sciences Library
New York Medical College
95 Grasslands Road
Valhalla, NY 10595

Information entered by: \_\_\_\_\_
Name (Print)