

Tufts University Hirsh Health Sciences Library Associate Membership Registration Form

Please print and complete this form if you are an individual, a for-profit organization, or a non-profit organization who wishes to use the library but is not affiliated with Tufts University or Tufts Medical Center. Send completed forms with payment to:

Tufts University Hirsh Health Sciences Library
Library Service Desk
Arthur M. Sackler Center for Medical Education
145 Harrison Avenue
Boston, MA 02111

Name/Address:

Organization/Individual name _____

Street _____

City _____ Zip _____

E-mail Address _____

Phone Number _____

Payment: Please circle one.

For-profit, 1-year \$2,500

For-profit, 6 months \$1,500

Individual, 1-year \$2,500

Individual, 6-months \$1,500

Non-profit, 1-year \$1,000

Non-profit, 6-months \$500

(Please note that non-profits must provide a copy of their ST-2 and/or renewal letter as proof of status.)

Renewal Information:

I would like a new library card. Y__ N__

JumboCash card # _____

Important note to all library users:

As a user of the Tufts University Hirsh Health Sciences Library, you accept responsibility for the return of all materials borrowed from the library and from other libraries through document delivery. All fees incurred for lost, damaged or late items must be paid and failure to pay such fees may result in a loss of library privileges. You also agree to abide by all HHSL policies, and you are responsible for copyright compliance as well as Tufts University policies concerning the responsible use of resources.

Please see information regarding the Library Associate Membership Program at www.library.tufts.edu/hhsl/services/associate_membership_program.html.