



AHEC Digital Library Membership Application

Information Access Center
1601Owen Drive
Fayetteville, NC 28304
Phone: 910-678-7276
Fax: 910-323-4007

Kathleen.Claspell@sr-ahec.org or Susan.Strong@sr-ahec.org

The information you provide below will be used to set up your ADL account and to assign the resource access to which you are entitled. Please complete and return this form to your AHEC librarian, who will contact you with your user name, password and other important information about accessing the electronic resources available through the AHEC Digital Library. If you are purchasing an individual membership, please make your check payable to SRAHEC and write "ADL" on the memo line. Send your check and this completed form to the address above.

Preferred Salutation: Dr./Mr./Mrs./Ms.

First Name _____ Initial _____ Last Name _____

Employer _____

Employer's Address: _____

City _____ State _____ Zip Code _____

Primary Telephone () _____ Ext _____ Fax Number () _____

Email Address _____

(Required to process application; email addresses are used for ADL related communication and will not be shared with third parties)

What is your occupation? _____

Please circle ALL of the following designations that apply to you:

Preceptor AHEC Staff AHEC Faculty Resident Health Professional Other

If you are a resident: From which of the following does your residency originate?
_____ UNC-CH _____ Duke _____ Campbell _____ Other (please indicate) _____

If you are a preceptor:

- From what schools do you accept students? (Ex: Duke, UNC)
- What are the specialties of the students you precept? (Ex: medical students, pharmacists)

Important: Please read before signing below

I understand that my AHEC username and password will be confidential and not transferable to others. I also understand that the AHEC Digital Library is a gateway to a variety of licensed resources, and that I might not be eligible to access all of them. Please note that due to licensing agreements with publishers, individual resources are subject to change without notice. I will direct any questions about ADL resource access to my AHEC librarian.

Signature _____ **Date** _____

To be completed by AHEC Staff only:

Institutional Member Paid Subscription