



Resources at Rex

<http://library.ncahec.net>

Membership Application

Please complete and return this form to your AHEC Librarian at Rex, who will contact you with your user name, password, and any other information you might need to access the electronic resources available through the AHEC Digital Library (ADL).

I understand that my AHEC Digital Library 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. Any questions about resource access should be directed to my AHEC Librarian or to the AHEC Digital Library staff.

My signature indicates an understanding of the confidentiality issue and of the potential access limitations.

Signature: _____ Date: _____

Please print the information below:

Last Name: _____ First Name: _____

Employer: _____ Occupation: _____

Employer Address 1: _____

Employer Address 2: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____

Email: _____

ADL status, please check all that apply (leave blank if uncertain) and **fax to Rex Library: 784-1670**. Thank you.

Rex Healthcare Staff

AHEC Faculty/Staff

Preceptor (Type of student: _____ Student's school: _____)

Resident (Program: _____)

Student (Degree program: _____ School: _____)