



UNIVERSITY OF MARYLAND

Resources Plus! Individual Registration Form

1. Date: _____

2. Name:

(Last) (First) (Middle Initial)

3. Address:

Street:

City, State & Zip Code:

5. Phone:

(Home) (Work) (Cell)

6. E-Mail:

7. Alumni Only

Graduate of

Year of Graduation _____

- Dental School
- School of Medicine
- School of Nursing
- School of Pharmacy
- School of Social Work

8. Associates Only

Include letter from school confirming Associate status (required)



UNIVERSITY OF MARYLAND

9. Include payment of \$150

___ check, make payable to Health Sciences and Human Services Library

___ credit card

Credit Card Charge Authorization

I, _____, authorize the Health Sciences and Human Services Library to debit my credit card:

16-digit number*** _____

***(If you wish, you may leave this blank and give the card number over the phone. A staff member will contact you upon receipt of this fax.)

Expiration date (month, year): _____

Type (circle one): MasterCard VISA

Please charge my credit card for the amount \$ _____.

Please check one: New RP! Membership \$150 Renew RP! Membership \$150

Signature _____ Date _____

Mail to: Circulation Desk
Health Sciences and Humans Services Library
University of Maryland, Baltimore
601 West Lombard Street
Baltimore, Maryland 21201

Fax to: 410.706. 8403

Questions: Call - 410.706.7995
Email – resourcesplus@hshsl.umaryland.edu