



CPHHI LIBRARY

FACULTY/STAFF MEMBERSHIP FORM

Full Name: _____
(In Block Letter).

Position: _____

Department: _____

Badge No. #: _____

Address: _____

University Email: _____

Personal Email: _____

Tele. Ext.: _____

Mobile No. #: _____

Signature of Faculty/Staff

**Name & Signature, Dean /
Asso. Dean.**

Date: _____

* Attach a copy of your Badge