

# WISCONSIN HEALTH SCIENCE LIBRARY ASSOCIATION 2018 MEMBERSHIP FORM

- New Member  
 Renewal

County of Institution \_\_\_\_\_

Consortium:

- FV             SWHSL             None

Your Name:

\_\_\_\_\_

Library Name:

\_\_\_\_\_

Institution Name:

\_\_\_\_\_

Institution Address:

\_\_\_\_\_

City, State, Zip + 4

\_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Fax: (    ) \_\_\_\_\_

E-mail Address:

\_\_\_\_\_

Institution/Library URL:

\_\_\_\_\_

To save postage WHSLA posts the newsletter on the WHSLA website and sends out notices via the listserv. Please see instructions on WHSLA website to sign up for the listserv.

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Membership Year is January 1 through December 31. Memberships expire on December 31.	Payable to: Wisconsin Health Science Library Association
Annual Dues: \$20.00	Send to: Jennifer Schram Library Mayo Clinic Health System 1221 Whipple St. Eau Claire, WI 54702-4105

\*\*\*Please enclose check\*\*\*  
THANK YOU!