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.

Membership Year is January 1 through December 31.
Memberships expire on December 31.

Annual Dues: $20.00

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

Payable to: Wisconsin Health Science Library Association

Send to: Jennifer Schram
Library
Mayo Clinic Health System
1221 Whipple St.
Eau Claire, WI 54702-4105