

WISCONSIN HEALTH SCIENCE LIBRARY ASSOCIATION 2019 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!

Send to:

Jennifer Schram

Library

Mayo Clinic Health System

1221 Whipple St.

Eau Claire, WI 54702-4105

Payable to: Wisconsin Health Science
Library Association