

WISCONSIN HEALTH SCIENCE LIBRARY ASSOCIATION 2013 MEMBERSHIP FORM

- New Member
 Renewal

County of Institution _____

Consortium:

- FV NW SC 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.

Check any committees that you are interested in serving on:

- | | |
|---|---|
| <input type="checkbox"/> Nominations & Election | <input type="checkbox"/> Bylaws & Guidelines |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Institutional Issues |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Legislation | |
| <input type="checkbox"/> I am interested in being nominated for election to the Executive Board | |

Payable to: Wisconsin Health Science Library Association

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

Annual Dues: \$20.00

Send to: Kari Zelinka
Medical Library
St. Mary's Hospital
700 S Park Street
Madison, WI 53715

Please enclose check

THANK YOU!