



# 2015 Membership Form

**Membership type:**     Renewal     New     Retired (Dues exempt)

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Institution \_\_\_\_\_

Library \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Please make check payable to:  
 NY-NJ- Chapter of MLA  
 Dues are \$15.00 per calendar year,  
 due on January 1 of each year.

Want to pay for multiple years?  
 Just send an additional \$15 for  
 each year and specify below:

Phone \_\_\_\_\_ FAX \_\_\_\_\_

*email*

(This email address will automatically be added to the Chapter listserv unless you check here  waiving your right to participate in any Chapter business conducted via the listserv).

*I would like to pay dues for the following years:*

**Mailing Address (only if different from above;** please know that very little paper mail is sent via the Chapter mailing list):

Address 1 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Are you currently a member of the Medical Library Association (national)?     Yes     No

**AHIP?**     Yes     No    Level     Valid thru:

**Send check and completed form to:**

Patricia Gallagher  
 3379 Beaverwood Lane  
 Silver Spring MD. 20906

Are you interested in being contacted about joining a Chapter committee or filling a Chapter position?

Yes     No    Specify: \_\_\_\_\_