



2017 Membership Form

Membership type:

☐

Renewal

☐

New

☐

Retired (Dues exempt)

Name

Job Title

Institution

Library

Address 1

Address 2

City

State

ZIP

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:
