

## 2017 Membership Form

Name  Job Title   Please make check payable to: NY-NJ- Chapter of MLA   Dues are \$15.00 per calendar year   Want to pay for multiple years?   Just send an additional \$15 for each year and specify below:   Address 2			enewal	New		Retired (Dues exempt)	
NY-NJ- Chapter of MLA Dues are \$15.00 per calendar year  Want to pay for multiple years? Just send an additional \$15 for each year and specify below:  Address 2  City State ZIP  Phone FAX   Twould like to pay dues for the following years:  Unless you check here waiving your right to participate in any Chapter business conducted via the listserv).  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?	Name						
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