

2010 Membership Form

Membership type: Renewal New Retired (Dues exempt)

Name _____

Job Title _____

Business Address (this is the Address that will be listed in the Chapter Directory):

Institution _____

Library _____

Address 1 _____

Address 2 _____

City _____

State _____

ZIP _____

Phone _____

FAX _____

email

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

(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).

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:

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

Yes

No

Specify: _____

Send check and completed form to:

Patricia Gallagher
 New York Academy of Medicine
 Library
 1216 Fifth Avenue
 New York, NY 10029