

## 2014 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* \_\_\_\_\_

(This email address will automatically be added to the Chapter listserv unless any Chapter business conducted via the listserv).

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

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:

**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  
3379 Beaverwood Lane  
Silver Spring MD. 20906