



2020 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:

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:

Home email address (will not be used on the listserv or the Directory. Only for use in case your work email is blocked):

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: _____