



2021 Membership Form

Membership type: Renewal New Retired (Dues exempt)

Name _____

Job Title _____ Please make check payable to:

Institution NY-NJ- Chapter of MLA

Dues are \$15.00 per calendar year.

Library _____ Want to pay for multiple years?

Address 1 Just send an additional \$15 for each year and specify below:

Address 2 _____

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:

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:

Gregg A Stevens, Treasurer
810 Phipps Court
Yaphank, NY 11980