

MHSLA HEALTH SCIENCES LIBRARIES ASSOCIATION 2012 MEMBERSHIP RENEWAL APPLICATION

Calendar Year January 1, 2012 – December 31, 2012

Name: Position: Institution: Library Name: Street Address: City, State, Zip:			
Phone:		Fax:	
Docline LIBID:		OCLC Symbol:	
E-Mail:		AHIP Member? Level:	
Library Web Page:		Area of Expertise:	
Local Group Affiliation(s):			
If you are serving or are intereste For information about the comm			
Mark all that apply:			
Personal Members	ship -\$15.00	Institutional Membership -\$4	15.00
If paying by <u>PayPal</u> , please give tr	ansaction number and date	e: and e-mail, fax or mail the completed	application.
Make Check Payable to: Michig	an Health Sciences Libr	raries Association or MHSLA	
Mail to: Sharon Williams, Medical Library Hurley Medical Center One Hurley Plaza Flint, MI 48503	OR Fax to: (810) 262-	-7107 <u>OR</u> <u>Email to:</u> swillia1@hurleymc.o	:om

OR Call: 810-262-9163, if you have any questions.

Memberships must be paid **By August 1, 2012,** in order to participate in Group Purchasing and discounted Annual Conference registration.