



**MICHIGAN HEALTH SCIENCES LIBRARIES ASSOCIATION
2017 MEMBERSHIP RENEWAL APPLICATION**

**MICHIGAN
HEALTH SCIENCES**

**LIBRARIES
ASSOCIATION**

www.mhsla.org

Name: _____
(Personal member or institutional representative)

Title: _____

Institution: _____

Library Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

FAX: _____

Docline LIBID _____

OCLC Symbol _____

E-Mail _____

AHIP Member? _____

Personal Web Page _____

Institutional Web Page _____

Are you or do you wish to be a Mentor? _____

Area of Expertise _____

Are you or do you wish to be a Consultant? _____

Area of Expertise _____

Local Group Affiliation(s): _____

If you are serving or interested in serving on a MHLA Committee, please indicate which below.
For info about the committees available see <http://www.mhsla.org/procedures.htm>

_____ Personal Membership \$15.00

_____ Institutional Membership \$45.00

DUES ARE FOR JULY 1 TO JUNE 30 AND ARE DUE BY August 1, 2017

Make check payable to: *Michigan Health Sciences Libraries Association* or *MHSLA*

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