**MICHIGAN HEALTH SCIENCES LIBRARIES ASSOCIATION**

**MEMBERSHIP RENEWAL APPLICATION**

**M I C H I G A N**

**H E A L T H S C I E N C E S**

Name:

Title:

(Personal member or institutional representative)

**L I B R A R I E S**

**A S S O C I A T I O N**

**w w w . m h s l a . o r g**

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 MHLSA 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 1TO JUNE 30 AND ARE DUE BY AUGUST 1

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

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| --- | --- | --- |
| **Mail to:** | Kalyn Huson | husonk@mcls.org |
|  | Midwest Collaborative for Library Services |  |
|  | 1407 Rensen St #1 |  |
|  | Lansing, MI |  |
|  | 48910 |  |