

Membership Form
Ohio Health Sciences Library Association

July 2011 – June 2012

(dues paid after March 31, 2012 will be for the 2012-13 membership year)

First Name: _____ Last Name: _____

Institution: _____

Library: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Fax: _____

Email: _____

- Please check if you do **NOT** want to be added to the OHSLA **listserv**
- Please check if you are interested in serving on an OHSLA 2012-13 **committee**
- Please check if you are interested in running for an OHSLA **office** for 2012-13

Membership categories (please check/circle one)

- New member...\$15.00
- Renewing member...\$15.00
- Introductory one-year student membership...\$5.00 (renewals at regular rate)

Print this form and mail it with your check made payable to **OHSLA** to:

Edith Starbuck
Chair, OHSLA Membership Committee
1666 Pullan Ave.
Cincinnati, Ohio 45223