

Membership Form
Ohio Health Sciences Library Association

July 2010 – June 2011

(dues paid after March 31, 2011 will be for the 2011/12 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 2010-11 **committee**
- Please check if you are interested in running for an OHSLA **office** for 2011-12

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:

Jodith Janes
Chair, OHSLA Membership Committee
2181 Concord Dr.
Lakewood, Ohio 44107