

# 2015 Membership Application HEALTH SCIENCE LIBRARIANS OF ILLINOIS



Please check one: \_\_\_\_\_ New Member      \_\_\_\_\_ Renewing Member  
 Regular Membership: \$10.00      Student Membership: \$5.00

Voluntary 501 (c) (3) Tax Deductible Donation to HSLI: \_\_\_\_\_

- Helen Knoll Jira Scholarship Endowment
- Syed Maghrabi Scholarship
- General Fund
- Other \_\_\_\_\_

Please print or type information or attach your business card. This information will be included in the HSLI membership directory.

Name \_\_\_\_\_

Library \_\_\_\_\_

Institution \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Work Telephone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_

Email address \_\_\_\_\_

Institution Web Address \_\_\_\_\_

Decline LIBID	OCLC Symbol	ILLINET MEMBER (indicate Library System)	ILDS Route	Consortium Member (indicate Consortium)

Are you interested in serving on any committees? If so, check the box below. For a description of committee responsibilities see <http://hsl.org/committees/> or contact the current chair.

<input type="checkbox"/> <b>Any</b>	<input type="checkbox"/> Archives	<input type="checkbox"/> Bylaws	<input type="checkbox"/> Conference	<input type="checkbox"/> Listserv
<input type="checkbox"/> Legislative	<input type="checkbox"/> Membership	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Nominating	<input type="checkbox"/> Website

<b>Conference</b>	<input type="checkbox"/> Planning	<input type="checkbox"/> Program	<input type="checkbox"/> Continuing Education	<input type="checkbox"/> Promotion
<input type="checkbox"/> Registration	<input type="checkbox"/> Exhibits	<input type="checkbox"/> Finance	<input type="checkbox"/> Local Arrangements	<input type="checkbox"/> Website

Send this form with a check **payable to HSLI** to:

Royden Jones  
 Library & Resource Center  
 OSF Saint Francis Medical Center  
 530 NE Glen Oak Ave.  
 Peoria, IL 61637