

2017 Membership Application HEALTH SCIENCE LIBRARIANS OF ILLINOIS



Please check one: _____ New Member _____ Renewing Member
 Regular Membership: \$10.00 Student Membership: \$5.00
 Multi-Year Regular Membership: _____ Years at \$10 per year (save stamps & your memory)

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 _____

Docline 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"/> Any	<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

<input type="checkbox"/> Conference	<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:

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 304 Macallen Lake Rd.
 Carlock, IL 61725-9032