

MEMBERSHIP APPLICATION

Business/Work Address		Fo	r Institutions		
Last name, first name, middle initial		Please check the appropriate category. Dues are based on the total librar expenditures (including salaries), excluding grants and contracts.			
			\$ 0-\$199,999		
Title			\$200,000-\$699,999	\$ 420	
Institution			\$700,000 and over	\$ 600	
		Section Memberships			
Library		Fo yea	r NEW MEMBERS ONLY: Join a sect ar! Choose your free section here (ar	nd do not select	
, idaloso		tha	t section below):		
City, state/province, zip/postal code			Cancer Librarians (16)		
			Chiropractic Libraries (23)	\$10.00	
Country (if outside the United States)			Collection Development (22)		
			Consumer and Patient Health Information (21).		
Daytime telephone (include area code)			Corporate Information Services (27)		
			Dental (01)		
Fax number (include area code) Email address			Educational Media and Technologies (02)	\$15.00	
			Federal Libraries (09)		
			Health Association Libraries (07)		
Mailing/Billing Address (if different from ab	oove)		History of the Health Sciences (03)	\$15.00	
			Hospital Libraries (04)		
Last name, first name, middle initial			International Cooperation (26)	\$10.00	
Address			Leadership and Management (06)		
Address			Medical Informatics (24)	\$10.00	
City, state/province, zip/postal code			Medical Library Education (05)		
			Nursing and Allied Health Resources (10)		
Country (if outside the United States)			Pharmacy and Drug Information (11)	\$10.00	
Referred by: Are You Currently Enrolled in Library School? No Yes If yes, name of school			Public Health/Health Administration (15)	\$10.00	
			Public Services (20)	\$10.00	
			Relevant Issues (12)		
			Research (18)	·	
, ,			Technical Services (17)		
Payment Information (Dues are payable in	U.S. dollars)		Veterinary Medical Libraries (14)	\$20.00	
☐ Enclosed is a check made payable to MLA. ☐ Please charge my ☐ American Express	O MasterCard		I would like to access the Journal of the Med Association in an electronic format only.	dical Library	
Amount enclosed: O Visa	O Discover	ML	A Donation Opportunities		
Name on Card:			mote excellence in health sciences librarianship	with a donation to any	
Credit card #Ex			ne funds listed. To donate to another specific fund line provided. Donations are tax deductible to the		
Card Security Code: Signature			☐ David Kronick Traveling Fellowship:		
For Individuals (please check the appropriate box)			☐ Lindberg Research Fellowship:		
Regular Membership\$165			☐ MLA Shaping the Future Fund:		
			☐ Medical Library Disaster Relief Fund:		
Your annual salary is \$30,000 or less Introductory Membership (first year only)			further information on benefits, visit www.mlanet A at 312.419.9094 x13, mlams2@mlahq.org.	.org/joinmla/ or contact	
☐ International Membership\$110			MLA makes its mailing list available to vendors and other affiliated		
Emeritus Membership		_	anizations so they may send you educational and ou do not wish to receive these mailings, please o	_	
(Must have been a member for 10 years)			Send completed application with payn	nent to:	
Affiliate Membership\$100		1	Medical Library Association		
Student Membership (with proof of current enrollment)\$ 40			36348 Treasury Center Chicago, IL 60694-6300		
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