MICHIGAN
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MICHIGAN HEALTH SCIENCES LIBRARIES ASSOCIATION
MEMBERSHIP RENEWAL APPLICATION

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Are you or do you wish to be a Mentor? _____ Area of Expertise _____

Are you or do you wish to be a Consultant? _____ Area of Expertise _____

Local Group Affiliation(s): _____

If you are serving or interested in serving on a MHLSA Committee, please indicate which below.
For info about the committees available see http://www.mhsla.org/procedures.htm

_____ Personal Membership $15.00

_____Institutional Membership $45.00

DUES ARE FOR JULY 1TO JUNE 30 AND ARE DUE BY AUGUST 1

Make check payable to: ***Michigan Health Sciences Libraries Association*** or ***MHSLA***

Mail to:

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