

Washington Medical Librarians Association Membership Application



Please print this form and mail it to the address below.

Membership Status

New members, please check this box:	<input type="checkbox"/>
Renewing members, is your published contact information ¹ correct?	Yes <input type="checkbox"/> No <input type="checkbox"/>

¹Contact information for existing members is published at
<http://www.wmla.org/join/roster.pdf>.

I am joining WMLA because:

I was referred by a colleague (Name _____)

heard about it through the iSchool

I found it on the Internet

I am interested in the speakers/program at this year's Annual Meeting

Other _____

Contact Information

Name _____

Email _____

Daytime phone _____

FAX _____

Library name _____

Institution name _____

Library web page _____

Mailing address² _____

Type of Library
Check all that apply

Academic

Biotech

Business/Industry

Governmental

Hospital

Non-profit

Public

Vendor

Veterinary

² All WMLA mailings will be sent to this address.

Dues

Please include a check payable to WMLA with your application.

Membership Dues	\$20.00
Student Dues	\$10.00

Send your check with this form to: WMLA Membership Secretary

ATTN: Julia Parker
4403 NE 1st Place
Renton, WA 98059-5235