HSLANJ
Since 1972
Health Sciences Library Association of New Jersey

Membership Year: April 1, 2017 to March 31, 2018

Online Directory Listing Information

Name: _____ Title: _____

Institution: _____

Library: _____

Address: _____

City:_____State:_____ZIP:_____

Phone:_____ Fax:_____

Email:_____

Membership Description

Select from the options below. See www.hslanj.org/about/join-contact-hslanj for more details.

Institutional Membership $110
☐ Affiliate Membership $40
☐ Individual/Personal Membership $30
☐ Student Membership $10
☐ Retiree Membership $10

Additional Information

DOCLINE: ☐ Yes ☐ No LIBID:_____

AHIP (Academy of Health Information Professionals) Membership Status:
☐ Provisional ☐ Member ☐ Senior ☐ Distinguished ☐ Not a Member

CHIS (Consumer Health Information Specialization) Membership Status:
☐ Not a Member ☐ Level I ☐ Level II Years:_____

Email Authorization: by checking the appropriate box below, I understand and acknowledge:

☐ I understand that all association business is conducted via email and I authorize HSLANJ staff to add my email address to any association email discussion lists.

☐ While I understand that all association business is conducted via email, I *do not* authorize HSLANJ staff to add my email address to any association email discussion lists. I further acknowledge that I may be unaware of any association events or business by choosing this option.

Please continue to page 2.

Photography Authorization: by checking the appropriate box below, I understand and acknowledge:

☐ I understand that I may be photographed during any HSLANJ event. I grant HSLANJ permission to use my photograph, or a group photo in which I'm included, in any association materials, print or electronic.

☐ While I understand that I may be photographed during any HSLANJ event, I *do not* grant HSLANJ permission to use my photograph, or a group photo in which I'm included, in any association materials, print or electronic.

Support Staff: please note other members of your staff whom you would like to include in the directory. If they want to be Individual/Personal members, they **must** fill out an additional form.

Name	Title	Phone	Email

Please made checks payable to HSLANJ.

If you need an invoice to expedite payment, or if you have other questions about your HSLANJ membership, please contact Robb Mackes, Executive Director, immediately at rtmackes@gmail.com or (570) 856-5952.

Please mail check and a printed copy of this completed form no later than April 1, 2016, to:

HSLANJ
PO Box 12606
Wilmington, DE 19606-2606

Save the date! Please plan to join your HSLANJ friends and colleagues at the 2017 45th Anniversary Meeting & Reception on Monday, March 20, 2017 at The Heldrich Hotel in New Brunswick.
More details to follow soon.

See you there!

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