



**Membership Year: April 1, 2018  
to March 31, 2019**

**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](http://www.hslanj.org/about/join-contact-hslanj) for more details.

- |   |  |
|---|--|
| <input type="checkbox"/> Institutional Membership \$110 | <input type="checkbox"/> Individual/Personal Membership \$30 |
| <input type="checkbox"/> Affiliate Membership \$40      | <input type="checkbox"/> Student Membership \$10             |
|   | <input type="checkbox"/> 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. They are also very welcome to join HSLANJ as Individual/Personal members. To do so, please ask them to 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](mailto:rtmackes@gmail.com) or (570) 856-5952.**

**Please mail check and a printed copy of this completed form no later than April 1, 2018, to:**

**HSLANJ  
PO Box 12606  
Wilmington, DE 19606-2606**

**Save the date! Please plan to join your HSLANJ friends and colleagues at the 2018 Annual Meeting & CE Workshop on Thursday, March 22, 2018 at NJHA in Princeton.**

**More details to follow soon.**

**See you there!**

