



**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 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 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 19850-2606**

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!

