



**Membership Year: April 1, 2020
to March 31, 2021**

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.

Reminder of intent of Interlibrary Loan Code for the New Jersey Health Sciences Library Network (NJHSN) (for Institutional Members)

It is dues renewal time and this is a reminder to update your routing tables and holdings in DOCLINE and to review the NJHSN ILL code to be sure you are in compliance. You must pay the institutional membership fee for HSLANJ in order to participate in NJHSN. Failure to do this by April will result having your borrowing privileges suspended. The intent of the code is to encourage lending among health sciences libraries with a goal of maximizing free resources, but it is not intended to be a substitute for the development of adequate collections based on the needs of each participating institution. Please review the code on the HSLANJ website, <http://hslanj.org/resources/ill/> and indicate your acceptance or nonacceptance below.

☐ I understand and accept the Interlibrary Loan Code.

☐ I do not accept the Interlibrary Loan Code, and thus will not be participating in NJHSN.

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 make 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, 2019, to:

**HSLANJ
PO Box 12606
Wilmington, DE 19850-2606**