

2010 Membership Application HEALTH SCIENCE LIBRARIANS OF ILLINOIS

Please check one: New Member Renewing Member

Regular Membership: \$10.00 Student Membership: \$5.00

Please print or type information or attach your business card. This information will be included in the HSLI membership directory.

Name _____

Library _____

Institution _____

Street Address _____

City, State, Zip _____

Work Telephone () _____ Fax () _____

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Institution Web Address _____

Docline LIBID	OCLC Symbol	ILLINET MEMBER (indicate Library System)	ILDS Route	Consortium Member (indicate Consortium)

Mailing address if different from above:

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Send this form with a check **payable to HSLI** to:

Royden Jones
Library & Resource Center
OSF Saint Francis Medical Center
530 NE Glen Oak Ave.
Peoria, IL 61637