



HSLAL

Health Sciences Library Association of Louisiana
www.hslal.org

MEMBERSHIP APPLICATION & RENEWAL FORM

Name: _____

Position: _____

Library/Institution: _____

Address: _____

Phone: _____

Email: _____

Please select one: New member Renewing member

Volunteer for a committee:

Continuing Education	Membership	Newsletter
Nominating	Program	Web Page
Will serve where needed.		

Comments or concerns:

Dues are assessed on the calendar year. Any dues received after October shall be applied to the following calendar year unless otherwise specified. Please return this membership form with annual dues of **\$8.00** to the HSLAL Treasurer. **Make checks payable to HSLAL.**

Send to:

MONTIE' DOBBINS, HSLAL TREASURER
LSUHSC-S LIBRARY
1501 KINGS HWY
SHREVEPORT, LA 71103

Confirmation of dues will be sent to the Membership and Newsletter Committees to maintain your newsletter subscription and to the Vice President to register your committee preference.