



## Health Sciences OCLC Users Group

### MEMBERSHIP FORM, 2002/2003

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

LIBRARY \_\_\_\_\_

INSTITUTION \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_

#### PROFESSIONAL AFFILIATIONS:

- ALA  
 MLA  
 OLAC  
 SLA  
 Regional Medical Library Group or Chapter  
 OTHER \_\_\_\_\_

#### LIBRARY SYSTEM:

- DRA       ENDEAVOR  
 HORIZON       INNOPAC  
 LIS       SIRSI  
 ExLibris       Cybertools  
 OTHER \_\_\_\_\_

#### TYPE OF LIBRARY:

- ACADEMIC       GOVERNMENT       NETWORK  
 HOSPITAL       PHARMACEUTICAL       OTHER \_\_\_\_\_

#### PRINCIPAL JOB ACTIVITY:

- ACQUISITIONS       SERIALS       CIRCULATION  
 CATALOGING       AUTOMATION       REFERENCE  
 COLLECTION DEVELOPMENT       ILL       ONE PERSON  
 TECH. SERV. ADMIN.       OTHER \_\_\_\_\_

#### DUES:

Personal: \$10.00 (U.S. dollars)       Institutional: \$25.00 (U.S. dollars)

- . Dues cover the fiscal year, July - June
- . Payment is for **2002/2003**
- . **Make check payable to: HSOCLCUG**

Please mail this completed form, with dues, to:

Wendy Fritzel, HSOCLCUG Administrative Secretary  
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Columbia, MO 65212