MEMBERSHIP FORM, 2002/2003

NAME ________________________________________________________________

TITLE ___________________________________________________________________________________

LIBRARY _________________________________________________________________

INSTITUTION ____________________________________________________________________________

STREET ADDRESS _________________________________________________________________________

CITY, STATE, ZIP __________________________________________________________________________

PHONE (____) ___________________ FAX (____) _______________________

E-MAIL ________________________________________________________________________________

PROFESSIONAL AFFILIATIONS:                  LIBRARY SYSTEM:

___ ALA                  ___ DRA                  ___ ENDEAVOR
___ MLA                  ___ HORIZON               ___ INNOPAC
___ OLAC                 ___ LIS                   ___ SIRSI
___ SLA                  ___ ExLibris              ___ Cybertools
___ Regional Medical Library Group or Chapter __ OTHER ___________________
___ 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
106 J. Otto Lottes Health Sciences Library
University of Missouri-Columbia
Columbia, MO 65212