

NCNMLG Membership Application

Northern California and Nevada Medical Library Group's membership dues are \$25.00 per year for regular members; \$5.00 per year for students. Please make check payable to *NCNMLG*.

Instructions: To fill out form using MS Word, type relevant information in each field. You can tab through fields or click on selected fields to enter your response. Or, print the form and hand-write responses. Send check and form, to: NCNMLG Membership, Box 2105 2140 Shattuck Avenue, Berkeley CA 94704.

Home Address Listing (appears in the Directory)

Name	_____		
	Last	First	Middle Initial
	<input type="checkbox"/> Same as 1 ^o workplace		
Mailing Address	_____		
	Street	City	State Zip
Email Address	_____		
Contact Phone	_____		
	Telephone		

Primary Workplace

Job Title/Position	_____		
Institution	_____		
	Library Name	Organization	
Business Address	_____		
	Street	City	State Zip
Business Phone/Fax	_____		
	Telephone	Fax	
Web Address	http:// _____		
LIBID	_____		
ILL Contact	_____		
	Last Name	First Name	

Additional Workplace

Job Title/Position	_____		
Institution	_____		
	Library Name	Organization	
Business Address	_____		
	Street	City	State Zip
Business Phone/Fax	_____		
	Telephone	Fax	
Web Address	http:// _____		
LIBID	_____		
ILL Contact	_____		
	Last Name	First Name	

MLA Status

- Individual member Institutional member Student member Not an MLA member
 AHIP member

Preferences

- Please omit my contact information from the NCNMLG web site. I would like to *mentor* a library science student.
 List me as an MLS/LTA student. List me to receive *mentor* assistance from an experienced librarian.
 My library participates in EFTS