



OREGON HEALTH SCIENCES LIBRARIES ASSOCIATION

Membership Form

Please check one type of membership:

An institutional membership includes all library employees of that institution.

_____ **Institutions** with more than 80 beds, or:
more than a one million dollar institutional (not library) operating budget
\$55.00

_____ **Institutions** with less than 80 beds, or:
less than a one million dollar institutional (not library) operating budget
\$30.00

_____ **Individual** currently employed in Oregon or SW Washington
as a librarian or with library responsibilities in your institution
\$25.00

_____ **Student** currently enrolled in library science/information technology program
or non-employed librarians
\$10.00

Current Contact Information

Library representative: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Please add additional library staff information on the back of this form.

*Check should be made out to **Oregon Health Sciences Libraries Association** and sent to:*

Andrew Hamilton
Reference Librarian
Oregon Health & Science University
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Mail Code: LIB
Portland, OR 97239-3098
hamiltoa@ohsu.edu

OHSLA Tax ID #: 93-1011059