

ASSOCIATION OF RHODE ISLAND HEALTH SCIENCES LIBRARIES
ARIHSL Application for Institutional Membership/Renewal 2012

Institutional Membership: \$50.00 per year

Listserv participation is a benefit of membership

Institutional members of ARIHSL must meet the following requirements:

1. ARIHSL Bylaws, Article III, Section 1A. Category of membership: Institutional Member.
2. ARIHSL Bylaws, Article III, Section 2. Rights and privileges.
3. ARIHSL ILL Code and Guidelines, Code X. Term of Agreement: Sign the ARIHSL Letter of Intent.

Name: _____

Note: Designated Institutional Representative must have an ALA-accredited Master's Degree in Library and/or Information Science, to represent the institution in the business of the Association. (See #1 above):

Title: _____

Institution: _____

Mailing Address _____

Phone: _____ Fax: _____

Email address: _____

Library or Institution web address: _____

Please indicate status: New member _____ OR Renewal _____

DOCLINE LIBID: _____ LORI code: _____ OCLC code : _____

Make check payable to **ARIHSL**, and remit to:

Arline Dyer
Medical Library
Memorial Hospital of Rhode Island
111 Brewster Street
Pawtucket, Rhode Island 02860

Deadline for payment is December 31, 2011

ARIHSL F.E.I. Number 05-0379235

Membership applications are subject to review by the ARIHSL Membership Committee.