

Please Join Us . . .

HEALTH SCIENCE LIBRARIES OF NEW HAMPSHIRE AND VERMONT

MEMBERSHIP APPLICATION 2005

The purpose of HSL-NH/VT is to promote understanding of the health science librarian's role in information management and patient care, to encourage cooperation and resource sharing among association members and other libraries, and to provide a forum for new ideas related to, and opportunities for continuing education in health science librarianship.

Additional benefits of membership include participation in the HSL-NH/VT listserv and inclusion in the association's Resource Sharing List and Directory.

Membership in HSL-NH/VT consists of two categories:

___MEMBER – a designated representative from an organization in New Hampshire, Vermont, or neighboring organizations with a health science library collection.

___ASSOCIATE MEMBER - persons working in, retired from, or interested in working, in the field of health science librarianship, with the exception of vendors or others interested in joining primarily for commercial benefit. Others qualifying for membership include librarians with health sciences collections in New Hampshire, Vermont or neighboring organizations, who are practicing in state agencies, public libraries, or Academic institutions, but are not participating in Docline.

HSL-NH/VT operates as a cooperative organization, with each member assigned to one of 4 governing committees. An attempt will be made to match you according to your preferences, but in order to have a fair representation on each committee, this cannot be guaranteed. Please indicate your interest in each of the following committees by placing a number 1, 2, 3, or 4 (with 1 indicating your first choice):

___Program ___Communication ___Administration ___Finance and Membership

- Membership Dues: \$20.00
- Membership Year: January – December
- Send application indicating your membership category and committee preference with dues (make checks payable to HSL-NH/VT) to:

Karen Matthews
National Center for PTSD
VA Medical Center (116D)
215 North Main Street
White River Junction, VT 05009

Name _____ Title _____

Institution _____

Street _____ City/State/Zip _____

Telephone _____ Fax _____

E-Mail Address _____

Areas of Professional Interest _____

New Membership

2005 Renewal