



## Washington Medical Librarians Association Membership Application

Membership status: ☐ New ☐ Renewal  
Membership category: ☐ Regular ☐ Student/Retired

New members: I am joining WMLA because:

- ☐ Referred by a colleague (Name: \_\_\_\_\_)
- ☐ Heard about it through the iSchool
- ☐ Found WMLA on the Internet
- ☐ Other: \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Daytime phone \_\_\_\_\_ Fax \_\_\_\_\_

Library name \_\_\_\_\_

Institution name \_\_\_\_\_

Library website \_\_\_\_\_

Mailing address for WMLA correspondence

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Dues

Regular member: \$20

Student/retired member: \$10

Please print this form and mail with a check payable to WMLA to:

Pat Devine, WMLA Membership Secretary  
c/o UW HEALWA Program  
Box 357155  
Seattle, WA 98195