

MEMBERSHIP FORM

Please print this form, complete it, and send it with a check payable to MEDLI to:

**Theresa Rienzo
James E. Tobin Library
Molloy College
1000 Hempstead Ave.
Rockville Center, NY 11571-5002**

Name: _____

Institution: _____

Mailing Address: _____

Email: _____

Phone: _____ Fax: _____

Annual Membership Dues (July 1, 2018-June 30, 2019)

___ Renewal: \$15

___ New Member: \$15

Are you interested in being contacted about joining a MEDLI committee or filling a MEDLI position?

___ Yes

___ No

Specify: _____

Would you like to be added to the MEDLI discussion list? Yes ___ No ___