

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, 2019-June 30, 2020)

___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___