



**Brooklyn, Queens, Staten Island, Manhattan and
the Bronx Health Sciences Librarians**

MEMBERSHIP APPLICATION FORM

It is application form for the May 1st 2008 / April 30th 2009 membership year. Individual membership dues are \$10.00 per year, and must be received by June 30th, or your name will be dropped from the membership roster. **Check should be made payable to BQSI/MB.** Please print this form, fill it out, and mail along with dues to: Natalia Ryvkin

New York Hospital Medical Center of Queens
Health Education Library
56-45 Main Street
Flushing, NY 11355
METRO #: 17

Date: _____

Name: _____ Degree: _____

Title: _____

Library: _____

Institution: _____

Address: _____

Telephone: _____ Fax: _____

AHIP Membership Level (if any): _____

E-mail: _____

Your Organization Web Site Address _____

Your Library Web Site Address _____

LIBID _____ METRO Delivery #: _____

Does your library agree to provide free ILL sharing to BQSI/MB members? ___ YES ___ NO

For Treasurer's Use Only:

Date Dues Received: _____(mm/dd/yr)

Amount: \$ _____

Cash: _____ Personal Check #: _____ Institutional Check: _____