



Brooklyn, Queens, Staten Island,  
Manhattan and the Bronx  
HEALTH SCIENCES LIBRARIANS  
<http://www.bqsimb.org/>

## MEMBERSHIP APPLICATION FORM

This is the application form for the May 1, **2010** / April 30, **2011** membership year. Individual membership dues are \$10.00 per year, and must be received no later than 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

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### For Treasurer's Use Only:

Date Dues Received: \_\_\_\_\_ (mm/dd/yr)

Amount: \$ \_\_\_\_\_

Cash: \_\_\_\_\_ Personal Check #: \_\_\_\_\_ Institutional Check: \_\_\_\_\_

\* Retired members do not pay dues but are required to submit the membership form.