



# South Florida Health Sciences Library Consortium

## Institutional Membership Application/Renewal Form

This is the application form for the **January 1, 20\_\_ / December 31, 20\_\_** membership year.  
The dues must be received no later than by April 30<sup>th</sup>. **Check should be made payable to SFHSLC.** Please  
print this form, fill it out, and mail along with dues to: Tiffany A. Follin

Date: \_\_\_\_\_

S.E. Wimberly Library  
Florida Atlantic University  
777 Glades Rd., Bldg 3  
Boca Raton, FL 33431

**Please indicate one:** \_\_\_\_ New Membership \_\_\_\_ Renewal Membership

**Please circle the amount of your membership:** **\$40** (1-4 affiliated members);

**\$60** (5+ affiliated members);

Institution \_\_\_\_\_

Library Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Your Library URL \_\_\_\_\_

Your Institution URL \_\_\_\_\_

Staff Names, Degree, Titles & their Phones, E-mails, and addresses for our records:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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### For Treasurer's Use Only:

Date Dues Received: \_\_\_\_\_ (mm/dd/yy) Amount: \$ \_\_\_\_\_

Institutional Check: # \_\_\_\_\_ Individual Check: # \_\_\_\_\_