



# South Florida Health Sciences Library Consortium

## Non-Institutional Membership Application/Renewal Form

This is the application form for the **January 1, 20\_\_ / December 31, 20\_\_** membership year.  
The dues in the amount of \$20 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  
S.E. Wimberly Library  
Florida Atlantic University  
777 Glades Rd., Bldg 3  
Boca Raton, FL 33431

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

Anything else you would like to tell about yourself \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

---

### For Treasurer's Use Only:

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

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

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