



**Individual Membership Application/Profile  
(\$10.00 Annual Dues)**

**Qualified individuals seeking membership in the Network will become members after submitting a completed application, a Memorandum of Understanding (See below), and payment of yearly dues to the Network treasurer. Continued membership will hinge on fulfillment of obligation and payment of annual dues. Individuals are obligated to attend at least one general Network meeting per year, pay yearly dues and otherwise offer him/herself for some specific service during the year.**

Name \_\_\_\_\_ Degree(s) \_\_\_\_\_ AHIP?

In what year did you first join HSLNKC or its Predecessors? \_\_\_\_\_

Birth Month \_\_\_\_\_ Day \_\_\_\_\_ (For Yahoo Site calendar)

Institution \_\_\_\_\_ Library \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

ILL email address \_\_\_\_\_

Professional Memberships: MLA  MCMLA  ALA  SLA

Other  \_\_\_\_\_

Check the services for which you would be available.

- Host a Network meeting
- Host a social event
- Serve a term as officer
- Chair or  Serve on a Committee
  - Nominating Committee
  - Professional Activities Committee
  - Educational Committee
  - Social Committee (Picnic, Luncheon & After-Work Get-Togethers)
  - Bylaws, Policies & Procedures Committee
  - Institutional Committee

Assist Public  or Private (Yahoo)  Web Site Administrator

**Please forward this Application and the Memorandum of Understanding with your check (made out to "HSLNKC") to:**

**Dick Kammer, MLS  
Treasurer, HSLNKC  
Health Sciences Library  
Olathe Medical Center  
20333 W 151<sup>st</sup> St  
Olathe, KS 66061**

Updated 01/18/07