



Dues cover membership for one year: January 1 – December 31, 2018

Mail completed form with check payable to UNYOC/MLA to the membership chair:

Elizabeth Stellrecht  
University at Buffalo  
Health Sciences Library  
3435 Main Street  
Buffalo, NY 14214

- New Membership
- Renewal
  
- Regular (\$15 US or Canadian)
- Student (\$7.50 US or Canadian)
- Fellow (dues exempt)
- Emeritus (dues exempt)

**Membership Information**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State (Province)/Zip (Postal Code): \_\_\_\_\_

Phone (work): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Email: \_\_\_\_\_

- MLA Member**
- AHIP Member**
- Please contact me about joining a UNYOC committee /filling a position**

Referred to UNYOC by: \_\_\_\_\_