



**Saskatchewan Health Libraries Association (SHLA)**  
**Membership Form**  
**June 1, 2017 – May 31, 2018**

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Thank you for your continued support of the Saskatchewan Health Libraries Association.  
Please make updates to this form and return it with your membership fee.

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

Position: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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

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

Check membership type:

- Librarian Membership \$30.00
- eligible to attend annual and general meetings of the Association
  - entitled to one vote at annual and general meetings
- Library Technician or Student Membership \$20.00
- eligible to attend annual and general meetings of the Association
  - entitled to one vote at annual and general meetings

A receipt will be mailed or emailed.

Please make cheques payable to: **Saskatchewan Health Libraries Association.**

Please send your payment with this form to the SHLA Secretary-Treasurer, [shlasask@gmail.com](mailto:shlasask@gmail.com)