

Saskatchewan Health Libraries Association (SHLA) Membership Renewal Form June 1, 2016 – May 31, 2017

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 t	vype:
☐ Individual M • eligible to	
entitled toif the desi	Membership \$75.00 to attend annual and general meetings of the Association to up to two individuals to vote as representatives ignated institutional representatives are unable to attend meetings, the SHLA r-Treasurer must be notified if different representatives will be attending

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