Application for individual membership in the Cleveland Medical Library Association

Last name First name

Residence

_______________________________ Home phone

Business address

______________________________________ Phone

E-mail address Fax

Preferred mailing address: Please check one: Home Business

Professional education:

School Degree Date

Present hospital affiliations

Category of membership: Basic Fellow Junior Fellow for Life

Membership in the Cleveland Medical Library Association is subject to approval by the Board of Trustees. The membership year is from July 1 to June 30.

Signature

Date

Submit application with payment to: The Cleveland Medical Library Association, Allen Memorial Medical Library, 11000 Euclid Avenue, Cleveland, OH 44106-1714