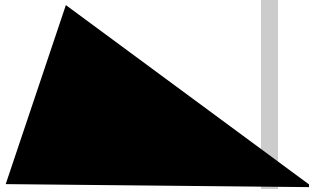


**MEDLI**

MEDICAL & SCIENTIFIC LIBRARIES OF LONG ISLAND

## **MEMBERSHIP FORM**



NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

Dues for  
7/2009-6/2010  
are \$15

**Please send  
form with check  
payable to  
MEDLI to:**

Gerri Flanzraich  
Wisser Library  
NYIT  
Northen Blvd.  
Old Westbury,  
NY 11568-8000

- RENEWAL
- NEW MEMBER
- I would like to be included in the MEDLI Web membership directory (password protected)