



Fax or Mail Application to:
NN/LM Middle Atlantic Region New York Academy of Medicine 1216 Fifth Avenue, New York, NY 10029 Telephone: 212-822-7396 • Fax: 212-534-7042 Visit us online at: http://nnlm.gov/mar

NN/LM MAR Affiliate Membership Application

1. Contact Information *(please print)*

Organization			
Contact Person		Title	
Address			
City		County	
State		ZIP	
Phone		Fax	
E-mail			
Web Site (URL)	http://		

2. Select type of organization:

<input type="checkbox"/> Public Library	<input type="checkbox"/> Community and/or Faith-based Organization
<input type="checkbox"/> Health Department	<input type="checkbox"/> Hospital Library

3. Sign-Up for the NN/LM MAR Listserv (optional):

1. Email: _____
2. Email: _____

If you are a Library, please complete the sections below:

4. Interlibrary Loan (ILL) Information *(please print)*

Contact Person		Title	
Phone		Fax	
E-mail			
OCLC Code			

5. MedlinePlus.gov *Find a Library* (optional)

<input type="checkbox"/> Yes, please list our library in MedlinePlus.gov's <i>Find a Library</i> directory. Our library has a consumer health collection and/or provides access to health information resources via the library's web site. Please list the following URL: _____

6. List any consortia and/or library groups your library belongs to (optional):

1.	3.
2.	4.