



Library and Information Health Northwest Network (LIHNN) MEMBERSHIP FORM

Membership Costs £50.00 (£25 for Charities) for 1st Service per annum
£10.00 for subsequent service points within the same service, £10 personal membership

Please complete the following details in *BLOCK CAPITALS*

Title:	First Name:	Last Name:
Tel:		E-mail:
Job Title:		
Employing Organisation:		
Library Name:		
Address:		
Post Code:	Tel:	E-mail:
Invoice Address if Different from Library Address:		
Post Code:		
Please give a brief summary of why you would like to join the group		
<p>Are you willing to share your Journal Holdings and make them available via the union list: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>What other resources are you willing to offer the Network:</p> <p>Free Room Bookings <input type="checkbox"/> Room Bookings <input type="checkbox"/> Book loans <input type="checkbox"/></p> <p>Training <input type="checkbox"/> Expertise <input type="checkbox"/> Advice Service <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Please give details:</p>		

I give permission for my details to be held on the LIHNN Membership Database, for the purposes of managing your membership. The information provided will only be used by LIHNN Co-ordinating Committee for the business of running LIHNN and its services and will not be given to anyone else. The information held will be stored and used in line with the provisions of the Data Protection Act 1998. I agree to abide by the LIHNN constitution.

Signed _____ Date _____

Completed forms should be returned to Tracy Owen [tracy.owen@fade.nhs.uk]

TO/LIHNN/MEMFORM/May 2011