

Corporate Membership Application or Renewal

Name of Business or Individual _____

Mailing Address

Billing Address

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Contact person _____

Telephone _____

Email _____

Annual Membership/Renewal Fees

Single Corporate Membership	\$1,000 - 2 cards included
Additional Cards	\$100 per card

Number of cards requested _____ Amount enclosed _____

PLEASE CIRCLE ONE: New Application Renewal

METHODS OF PAYMENT:

_____ Check (made out to Health Sciences and Human Services Library)

_____ Cash (In-person only)

_____ Credit Card (circle one) MasterCard Visa American Express

Amount of payment you wish to have charged to your card \$ _____

Card# _____ Exp. Date _____

Signature _____

MAIL TO: Corporate Membership/Administration
Health Sciences and Human Services Library
University of Maryland at Baltimore
601 West Lombard Street
Baltimore, MD 21201

OR FAX: (410) 706-3101

For questions about Corporate Membership call (410) 706-7545 or e-mail your question to corporate@hshsl.umaryland.edu

Office use:

Beginning date: ___/___/___

Ending date: ___/___/___

CM Account # _____

No. cards issued _____

Reviewed

04/24/04