

**HSLNKC Individual Membership**

**As an Individual member of HSLNKC, I understand that I have the following rights:**

1. The right to attend Network meetings; hold elective or appointive office, and to cast a vote on all issues, except for those which affect our institutions alone.
2. The right to participate in Continuing Education opportunities and other events provided by the Network.

**As an Individual member of HSLNKC, I understand that I have the following obligations:**

1. To pay my dues in full no later than one month after the Annual Meeting; and
2. To attend at least one general Network meeting per year or offer some specific service during the year.

Individual membership, including both rights and duties, ends one month after the annual meeting each January if dues are not paid by then.

**Please complete this form, retaining a copy for your files.**

*Your signature signifies your understanding of these obligations and opportunities and your intention to play a supportive role in Network activities.*

Name \_\_\_\_\_

Institution \_\_\_\_\_ Library Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Street Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Work Phone Number \_\_\_\_\_ Work Email \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this application and Individual Profile to:**

Kristy Steigerwalt, 2023 HSLNKC President  
Head of Clinical Support  
UMKC Health Sciences Library  
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**2023**