

Name _____ Degree(s) _____

AHIP? (check for YES)

In what year did you first join HSLNKC or its Predecessors? _____

Birth Month _____ Day _____

Institution _____ Library Name _____

Position/Title _____

Address _____

Work Phone Number _____ Work Fax Number _____

Email address _____

Professional Memberships: MLA MCMLA ALA SLA Other _____

Previous HSLNKC office holding (include years if possible)

President _____ President-Elect _____

Secretary _____ Treasurer _____

Committee Chair (Include which) _____

Check the services for which you would be available.

Host a Network meeting

Host/coordinate a social event

Serve a term as an officer:

President _____ President-Elect _____

Secretary _____ Treasurer _____

Chair or Serve on a Committee:

Bylaws, Policies & Procedures Committee

Educational Committee

Nominating Committee

Professional Activities Committee

Technology Coordinator (Website Coordinator)

Return this Individual Profile and membership application to:

Kristy Steigerwalt, 2023 HSLNKC President

Head of Clinical Support

UMKC Health Sciences Library

steigerwalk@umkc.edu

