SOUTHERN CHAPTER
MEDICAL LIBRARY ASSOCIATION

Alabama Florida Georgia Mississippi Puerto Rico South Carolina Tennessee Virgin Islands

Full name _____

Title _____

Library/Institution _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Are you a member of SC/MLA?

☐ Yes ☐ No

Are you an AHIP member?

☐ Distinguished

☐ Senior

☐ Member

☐ Provisional

☐ Other: _____

My professional interests, expertise and type of work include:
Check all that apply.

☐ Administration

☐ Systems

☐ Instruction

☐ Cataloging

☐ Collection Development

☐ Electronic Resources

☐ Reference

- [ ] Serials
- [ ] Consumer Health
- [ ] Licensing
- [ ] Copyright
- [ ] Other: _____

I am willing to mentor in the following ways:
Check all that apply.

- [ ] Assistance with AHIP application process
- [ ] Conference buddy at SC/MLA
- [ ] Conference buddy at MLA
- [ ] Career guidance
- [ ] Assistance with research/projects
- [ ] Assistance with writing for publication
- [ ] Assistance with grant applications
- [ ] Serials
- [ ] Other: _____

Type of Library or Department:

- [ ] Academic
- [ ] Allied Health
- [ ] Consumer Health
- [ ] Corporate
- [ ] Hospital
- [ ] Nursing
- [ ] Pharmaceutical
- [ ] Other: _____