



**icon
library
consortium**

Institutional Membership Form 2008

Yearly Dues: \$150.00 new institutions, \$75.00 renewing institutions

Institution Name:

Library Name:

Address:

Address:

Address:

Phone:

InterLibrary Loan Phone:

Reference Phone:

Fax:

Web Address:

LIBID:

Representative:

Rep's e-mail address:

Please return form, with your check made payable to ICON, to:

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McGoogan Library of Medicine
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