



Individual Membership
Fees: \$10

Name: _____

Library Name: _____

Address: _____

Phone: _____

E-mail address: _____

Make Checks payable to ICON.

Please return form and your check to:

Cindy Perkins
ICON Executive Secretary
c/o CUMC Bergan Mercy
Medical Library
7500 Mercy Road
Omaha, NE 68124