

MAHLAP

Medical and Health Librarians Association of the Philippines

Rm. 301 PLAI Office, The National Library, T.M. Kalaw, Manila, Philippines http://www.mahlap.org

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MEMBERSHIP RECORD FORM

PERSONAL INFORMATION									
NAME Surnam		First Name			Name			Middle Name	
NAME EXTENSION (JR., SR.) :			NICKNAME :						
DATE OF BIRTH		(mm/dd/yyyy)		PLACE BIRTH					
HOME						MOBILE N	NO.		
						LANDLINE NO.			
ADDRE	ESS					Email Address			
CIVIL STATUS			SEX			SEX			
PRC LICENSE NO.			EXPIRAT			ION DATE			
WORK EXPERIENCE									
NAME OF			LA			LANDLINE NO.			
INSTITUTION									
INSTITUTION'S ADDRESS						FAX NO.			
POSITION /						Email Address			
DESIGNATION						Email Address			
EXPERTISE						SPECIAL SKILLS			
EDUCATIONAL ATTAINMENT									
COLLEGE / UNIVERSITY			DEGREE / CERTIFICATE			YEAR GRADUAT		ΓED	
MEMBERSHIP IN PROFESSIONAL ORGANIZATION(S)									
ORGANIZATION			POSITION			DATE			
MEMBERSHIP CLASSIFICATION AND DUES (Please Check)									
Renew				REGULAR – P 300.00					
			_	ASSOCIATE – P 200.00			0		
New Member		ew Member		INSTITUTIONAL-P500.00					

The annual membership fee is payable thru cash or check to MAHLAP Accounts:

Account Name: Medical and Health Librarians Association of the Philippines (MAHLAP)

Account No.: 3940560825

Bank: BDO (Banco De Oro) UN Avenue - PHILAMLIFE Branch, Manila

Swift Code: BNORPHMM

GCash

Account Name: Danzielo Auristelo T. Lagustan

Account Number: 09661705149

 $Please send this membership form and the scanned copy of deposit receipt to \underline{mahlap1988@gmail.com} \ or \underline{mahlaporg@gmail.com}.$

For more details on Membership Information, please visit MAHLAP website: http://mahlap.org

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