

# CAPHIS

consumer and patient health information section

Join the Consumer and Patient Health Information Section of the Medical Library Association

- If you are not a member of MLA, join [MLA and CAPHIS](#)
- If you are already a member of MLA, print this application and mail with payment to:

Medical Library Association  
65 East Wacker Place  
Suite 1900  
Chicago, IL 60601-7298

Annual dues: \$15

\*\*\*

Make check payable to: Medical Library Association

---

Name

---

Address

---

Address

---

City

State

Zip

---

Phone

E-mail Address

I am an \_\_\_\_\_ individual member of MLA \_\_\_\_\_ institutional member of MLA

---

MLA Identification Number, Individual

---

MLA Identification Number, Institutional