



Membership Form

Date:

Name:

Library:

Address:

City/State/Zip:

Phone:

Fax:

E-Mail:

Why do you want to be in OLSSI?

Thank you. Your application will be reviewed and you will be notified after the next regularly scheduled meeting. Please send your completed application to:

Tanya Ellenburg-Kimmet
Digital Services, PLDL Rm 428
Wright State University
3640 Col Glenn Hwy
Dayton, OH 45435