



CENTRAL ARIZONA BIOMEDICAL LIBRARIES MEMBERSHIP FORM

Your check should be made payable to CABL for (\$10.00) dollars

Please mail this form along with your check to:

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Deadline for CABL Dues March 31st

Check this box if you prefer to NOT have your information listed in the online directory. A supplemental sheet with your information will ONLY be distributed to CABL members and not published online.

Name _____ Title _____

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