



## SCELC NN/LM Affiliate Agreement Form

---

Institution: \_\_\_\_\_

Representative: \_\_\_\_\_

The following have been completed:

- Institutional Data Form filled out online
- IRS Nonprofit 501c3 Determination Letter attached to this form

I acknowledge that I have read and agree to the terms of *SCELC NN/LM Affiliate Guidelines* and agree to the Policies and Procedures stated therein.

---

Authorized Signature/Title

Date

**Return via fax to the NN/LM PSR Regional Medical Library @ (310) 825-5389**

