



GHSLA New Membership Form

The following information will be used to create the membership database and directory.

Full name: _____

Title: _____

Department: _____

Library name: _____

Institution name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Business phone: _____

Fax number: _____

Fax location: **Library** **Institution**

E-mail address: _____

Send mailings to: **Business Address** **Home Address**

Home address: _____

Home city: _____

Home zip: _____

Home phone: _____

Committee Interest: <i>(please indicate first, second, & third choices)</i>	_____ Program	_____ Continuing Education
	_____ Membership	_____ Miriam Libbey
	_____ Nominating	_____ Consumer Health
	_____ Web Site	_____ Strategic Planning
	_____ Public Relations (Ad Hoc)	

Officer Interest: **Yes** **No**

Include name on non-GHSLA lists: **Yes** **No**

Place address on GHSLA web page: **Yes** **No**

Expertise within librarianship: _____

Annual Dues effective from January-December (\$20, or \$10 student member)
Make check payable to: Georgia Health Sciences Library Association (GHSLA)
GHSLA Federal ID number 35-2186668

Mail form and check to: **Pamela Queen, GHSLA Membership Chair**
Medical Library, Athens Regional Medical Center
1199 Prince Avenue, Athens, GA 30606