



## 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:** \_\_\_\_\_

<b>Committee Interest:</b> <i>(please indicate first, second, &amp; third choices)</i>	<input type="checkbox"/> <b>Program</b>	<input type="checkbox"/> <b>Continuing Education</b>
	<input type="checkbox"/> <b>Membership</b>	<input type="checkbox"/> <b>Miriam Libbey</b>
	<input type="checkbox"/> <b>Nominating</b>	<input type="checkbox"/> <b>Consumer Health</b>
	<input type="checkbox"/> <b>Web Site</b>	<input type="checkbox"/> <b>Strategic Planning</b>
	<input type="checkbox"/> <b>Public Relations (Ad Hoc)</b>	

**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:**    **Anna Krampfl, GHSLA Membership Chair**  
**Medical Library, Mercer University School of Medicine**  
**1550 College Street, Macon, GA 31207**