



## 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: \_\_\_\_\_ Program \_\_\_\_\_ Continuing Education  
(please indicate first, second, & third choices) \_\_\_\_\_ 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: Skye Bickett, GHSLA Membership Chair  
Georgia Campus – PCOM  
625 Old Peachtree Road NW  
Suwanee, GA 30024