



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
<i>(please indicate first,</i>	___ Membership	___ Scholarship
<i>second, & third choices)</i>	___ Nominating	___ Outreach
	___ Web Site	___ Strategic Planning

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: Amy Allison, GHSLA Treasurer
Woodruff Health Sciences Center Library
Emory University
1462 Clifton Road
Atlanta, GA 30322