



GHSLA Membership Form

Annual Dues effective from January-December.

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

Membership type: Regular (\$20) Student (\$10)

Full name: _____

Title: _____

Library name: _____

Institution name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone: _____

E-mail address: _____

Send mailings to: Business Address Home Address (complete section below)

Home Address: _____

Home City / State / Zip: _____

Home phone: _____

Committee Interest: <i>(please indicate first, second, & third choices)</i>	<input type="checkbox"/> Program	<input type="checkbox"/> Continuing Education
	<input type="checkbox"/> Membership	<input type="checkbox"/> Scholarship
	<input type="checkbox"/> Nominating	<input type="checkbox"/> Outreach
	<input type="checkbox"/> Web Site	<input type="checkbox"/> Strategic Planning

Officer Interest: Yes No

Expertise within librarianship: _____

Does your institution want to participate in the GHSLA Interlibrary Loan Docline group? Yes No N/A or I do not handle this for my institution

If applicable, Docline LIBID: _____

Other membership affiliations: MLA SC/MLA GLA SLA ALA
 Other: _____

Payment Method: Check PayPal (available on www.ghsla.org)

Make check payable to: Georgia Health Sciences Library Association (GHSLA)
GHSLA Federal ID number 35-2186668

Mail form (and check if not using PayPal) to:

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