

GEORGIA HEALTH SCIENCES LIBRARY ASSOCIATION

GHSLA Membership Form

Individual membership (\$20 Regular or \$10 for Student)

Name

Title/Credentials

Library Name/Institution Name

Street address

Street address line 2

City

State

Zip code

Phone number

Email address

Area of Expertise?

Committee Interest (please indicate first, second, & third choices):

Continuing Education

Membership

Nominating

Program

Outreach

Scholarship

Strategic Plan

Website

Officer Interest:

YES

NO

Duration of membership:

Membership year is concurrent with the calendar year (January 1 through December 31).

Payment Methods:

CHECK: \$20 Payable to: GHSLA(FID#35-2186668); mail form + check to: Emily Lawson, GHSLA Treasurer, Children's Healthcare of Atlanta, 1405 Clifton Rd, Atlanta, GA 30322

PayPal: Total of **\$21** includes \$1.00 processing fee; available at <http://ghsla.org/membership/>)