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, Woodruff Health Sciences Center Library, Emory University, 1462 Clifton Rd, NE, Atlanta, GA 30322

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