

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, 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/>)