

Membership Form

New Member

Renewal

Date:		

ALHHS membership is open to librarians and archivists with responsibilities for collections and services in the history of the health sciences; antiquarian booksellers; physicians; historians; and others interested in historical health sciences collections. Members receive a subscription to THE WATERMARK, the association's quarterly newsletter, an occasional membership directory, and access to ALHHS-L, the private listserv for our members.

Please complete the following form. You cannot save data typed into this form.

Name:				
Job Title:				
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Institutional Mailing Address (include city, state/province, zip/postal code, country):				
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Are you a member of the American Association for the History of Medicine (AAHM)?

Yes No

Please make your check for \$15.00 payable to: ALHHS

Print and send your completed form, with payment, to:

Archivists and Librarians in the History of the Health Sciences (ALHHS) c/o Barbara Niss
14 Elmwood Avenue
Rye NY 10580

Questions? E-mail: barbara.niss@mssm.edu