

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.

Name:				
Job Title:				
Institution:				
Institutional Mailing Address (include city, state/province, zip/postal code, country):				
Business Phone:	Home/Cell Phone:			
Fax:	E-mail:			
Website address:				
Preferred mailing address, if different from above	:			

Are you a member of the American Association for the History of Medicine (AAHM)?

Yes

No

PAYMENT OPTION 1 (pay online):

- Complete this form; save it as a PDF file (use "Save a copy" icon in upper lefthand corner of this form); then email the file to ALHHS Treasurer Barbara Niss: alhhs.treasurer@gmail.com
- Return to ALHHS Membership page (http://www.alhhs.org/membership.html), select Membership Category, click "Pay Now" button, and complete online payment of US\$15.00 with PayPal

PAYMENT OPTION 2 (pay by check):

- Complete this form; print a hardcopy
- Mail the printed form, with an enclosed check for US\$15.00 payable to "ALHHS", 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: <u>barbara.niss@mssm.edu</u> or <u>alhhs.treasurer@gmail.com</u>