

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:				
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 (AHHM)?

Yes No

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

Print and send your completed form, with payment, to: Arlene Shaner (ALHHS Secretary/Treasurer)

Historical Collections

New York Academy of Medicine

1216 Fifth Avenue

New York, NY 10029 USA

Questions? Phone 212-822-7313 (voice) E-mail ashaner@nyam.org