

Membership Form

New Member

Renewal

| Date: | | |
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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