

## 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

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