

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:
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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 left-hand corner of this form); then email the file to ALHHS Treasurer Phoebe Evans Letocha: 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 Phoebe Evans Letocha
5801 Smith Avenue, Suite 235
Baltimore MD 21209 USA

Questions? E-mail : pletocha@jhmi.edu or alhhs.treasurer@gmail.com