

ALHeLA Membership Form

Name: _____

Library: _____

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Address: _____

Phone: _____ Fax: _____

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Membership year: _____ (dues are paid for the fiscal year, Jan.-Dec.)

Amount enclosed: _____ Regular (\$15.00) _____ Student (\$5.00)

Make checks payable to: **Alabama Health Libraries Association, Inc.**

Mail check and form to: Errica Y Evans
ALHeLA Treasurer
UAB Lister Hill Library
1530 3RD Ave South
Birmingham, AL 35294-0013