

# ALHeLA Membership Form

Name: \_\_\_\_\_

Library: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Amount enclosed: \_\_\_\_\_ Regular (\$20.00) \_\_\_\_\_ Student (\$5.00)

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

Mail check and form to: Megan M. Bell  
ALHeLA Treasurer  
LHL 251 J2  
1720 2<sup>nd</sup> Ave South  
Birmingham, AL 35294-0013