

# ALHeLA

Alabama Health Libraries Association

## 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