

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 (\$15.00) _____ Student (\$5.00)

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

Mail check and form to: **Nicole Mitchell**
ALHeLA Treasurer
UAB Lister Hill Library
1530 3rd Ave South
Birmingham, AL 35294-0013