

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.

Please complete the following form. You cannot save data typed into this form.

Name:	
Job Title:	
Institution:	
Institutional Mailing Address (include city, state/province, zip/postal code, country):	
Business Phone:	Home/Cell Phone:
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Are you a member of the American Association for the History of Medicine (AHHM) ?

Yes

No

Please make your check for \$15.00 payable to: ALHHS

Print and send your completed form, with payment, to:

Arlene Shaner (ALHHS Secretary/Treasurer)
Historical Collections
New York Academy of Medicine
1216 Fifth Avenue
New York, NY 10029 USA

Questions? Phone 212-822-7313 (voice)
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