**Florida Health Sciences Library Association**

[**http://www.fhsla.org**](http://www.fhsla.org)

**2018 Membership and Committee Volunteer Form**

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|  New Member (How you heard about FHSLA: )  RenewalName: Position/Title: Library Name: Institution: Address: City: State: Zip: Phone: Fax: Email:  |
| **Library Type:** Academic Corporate Hospital/Clinic Public Special Student Vendor Other  | **Member of Other Library Associations?** | **AHIP Member?****Yes No**  Emeritus Distinguished Senior Member Provisional |
|  ALA FLA MLA SC/MLA SLA So. FL HSLC TaBaMLN Other  |
| **Would you like to be a FHSLA officer?****(Terms begin following the Annual Meeting**) Vice President/President Elect Secretary (2 year term) Treasurer (2 year term) | **Would you like to be on a FHSLA Committee?****(Terms begin following the Annual Meeting)** |
|  \_\_\_\_Continuing Education Honors and Awards Membership  |  Nominating Program Strategic Planning |
| **Dues are $15.00 for the calendar year, January – December**FHSLA FEIN: 59-2829362  **Send form & your check (made payable to FHSLA) to:****Questions?** Contact Majid at manwar@nova.edu or 954-262-3107Majid AnwarHealth Professions Division LibraryNova Southeastern University3200 South University DriveFort Lauderdale, FL  33328 |