**Florida Health Sciences Library Association**

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

**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 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 the form & your check (made payable to FHSLA) to:**Dorothy R. Kelly, MLIS, AHIPMorton Plant Hospital, MS 28BayCare Medical Library300 Pinellas St., Clearwater, FL 33756 **Questions?** Contact Dottie at dorothy.kelly@baycare.org or (727) 462-74642024 |