**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: )  Renewal  Name:  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, AHIP Morton Plant Hospital, MS 28 BayCare Medical Library 300 Pinellas St., Clearwater, FL 33756  **Questions?** Contact Dottie at  [dorothy.kelly@baycare.org](mailto:dorothy.kelly@baycare.org) or (727) 462-7464  2024 | | | | |