

**Florida Health Sciences Library Association
2008 Membership and Committee Volunteer Form**

New Member Renewal

Name: _____

Position/Title: _____

Library Name: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Library web page: _____

Library affiliation:

- Academic
- Clinic
- Corporate
- Government
- Hospital
- Public
- Special
- Student
- Vendor
- Other _____

Member of other library associations?

- ACRL
- ALA
- FLA
- Miami HSLC
- MLA
- SC/MLA
- SLA
- TaBaMLN
- Other _____

AHIP Member?

- Yes No
- Emeritus
 - Distinguished
 - Senior
 - Member
 - Provisional

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
- Program
- Strategic Planning
- Other _____

Dues are \$15.00 for the calendar year, January – December

Questions? Please contact Pat Clark at clarkp@allkids.org or (727) 767-4278.

Make checks payable to: FHSLA (FEIN: 59-2829362)

Return this form with your check to:

**Pat Clark
All Children's Hospital
Medical Library Box 7660
801 Sixth St. South
St. Petersburg, FL 33701**

Please address envelopes to the attention of Pat Clark!