

Florida Health Sciences Library Association

<http://www.fhsla.org>

2011 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
- _____ Corporate
- _____ Hospital/Clinic
- _____ Public
- _____ Special
- _____ Student
- _____ Vendor
- _____ Other _____

Member of other library associations?

- _____ 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?
(Begins after the Annual Meeting)**

- _____ Vice President/President Elect
- _____ Secretary (2 year term)
- _____ Treasurer (2 year term)

**Would you like to serve on a FHSLA
Committee?**

(Begins after the Annual Meeting)

- _____ Continuing Education
- _____ Honors and Awards
- _____ Membership
- _____ Nominating
- _____ Program
- _____ Strategic Planning

Dues are \$15.00 for the calendar year, January 2011 – December 2011

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

Return this form with your check to:

Denise Shereff, Treasurer
Division of Biostatistics & Bioinformatics
University of South Florida
3650 Spectrum Blvd., Suite 100
Tampa, FL 33612

Questions?

Please contact Denise Shereff
at shereffd@epi.usf.edu or
(813) 396-9557