

Florida Health Sciences Library Association

<http://www.fhsla.org>

2010 Membership and Committee Volunteer Form

____ New Member (How you heard about FHSLA: _____)

____ Renewal

Name: _____

Position/Title: _____

Library Name: _____

Institution: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

Email: _____

Library web page: _____

Library Type:

- ____ 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?

(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

NEW!!! Would you be willing to mentor a FHSLA member? ____ Yes ____ No

In what area(s) of expertise? (i.e., career development, management, collection development, etc.)

Would you like a mentor? In what area? _____

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

FHSLA FEIN: 59-2829362

Send form & your check (made payable to FHSLA) to:

Kristen Morda, Treasurer
Shimberg Health Sciences Library
University of South Florida
12901 Bruce B. Downs Blvd., MDC31
Tampa, FL 33612

Questions?

Contact Kristen Morda at
kmorda@health.usf.edu or
(813) 396-9667