



Membership Application: Oct 1, 2009 - Sept 30, 2010

First Name: _____ Last Name: _____

New membership ____ Renewal ____ (Please check one)

Your Job Title: _____

Organization: _____

Contact Information: Address _____

City/Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-Mail (please enter your most frequently used address): _____

May we share your contact info-in the membership listing? Yes ____ No ____

- With other organizations? Yes ____ No ____

Are you a member of CHLA (Canadian Health Libraries Association)? Yes ____ No ____

Are you interested in helping with a NAHLA event or serving on the executive in the future? _____

Would you like to be featured as a member on the NAHLA website? Yes ____ No ____

Membership Fees: Regular \$25.00 _____ Student \$12.00 _____

(Please make cheques payable to the **Northern Alberta Health Libraries Association** - fees are not prorated)

Please return form to:
NAHLA Membership
c/o Dale Storie
John W. Scott Health Sciences Library
Walter C. Mackenzie Health Sciences Center
University of Alberta
Edmonton, Alberta Canada T6G 2R7

Thank you! Do you require a receipt? _____ YES _____ NO