

Membership Application

AHA!

Archivists of the Houston Area

Please complete, print, and take this application, with dues, to the next meeting or mail to:
Treasurer, AHA!

**Woodson Research Center
 Fondren Library, MS-44
 PO Box 1892
 Houston, TX 77251-1892**

Dues of \$10.00 must accompany this application. Checks or money orders should be made payable to:
 Archivists of the Houston Area or AHA! Please do not send cash in the mail. Thank you.

Contact Information			
Name:		Institution:	
Please contact me: <input type="checkbox"/> Home <input type="checkbox"/> Institution		Job Title:	
Home		Institution	
Address 1:		Address 1:	
Address 2:		Address 2:	
City:		City:	
State:	Zip:	State:	Zip:
Phone:	Fax:	Phone:	Fax:
Email:		Email:	

Other professional affiliations:

- SAA SSA ACA ALA TLA
 TSHA ETHA RBMS ARMA ARLIS
 ACDA AASLH Other: _____

AHA! may include the following information in a directory for members only:

(Check all that apply. If you do NOT check any box, you will NOT be included.)

- Name Home Contact Institutional Contact Professional Affiliations
 Other restrictions: _____

Would you be interested in hosting a meeting for AHA? Yes, call me!

For AHA! Use Only:

Dues Paid: Date _____ Cash Check # _____ Initial _____