

Membership Application

Please complete and return to AHA! Treasurer, via email or at the next meeting. Dues of \$10.00 must accompany this application. Checks and money orders should be made payable to: **Archivists of the Houston Area** or **AHA!** Please do not send cash in the mail. If you opt to submit application via email, an electronic invoice will be sent to you. A \$1.00 convenience fee will be added for credit card payments. Mail dues to:

Laura Ramirez
10925 Beamer Rd. Apt. 291
Houston, TX 77089
alamirez@uh.edu

| 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: | | Phone: | |
| Email: | | Email: | |

Other professional affiliations:

- | | | | | |
|-------------------------------|--------------------------------|---------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> SAA | <input type="checkbox"/> SSA | <input type="checkbox"/> ACA | <input type="checkbox"/> ALA | <input type="checkbox"/> TLA |
| <input type="checkbox"/> TSHA | <input type="checkbox"/> ETHA | <input type="checkbox"/> RBMS | <input type="checkbox"/> ARMA | <input type="checkbox"/> ARLIS |
| <input type="checkbox"/> ACDA | <input type="checkbox"/> AASLH | <input type="checkbox"/> 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.)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Name (Job Title, Email) | <input type="checkbox"/> Home Contact (Email, Phone) | <input type="checkbox"/> Institutional Contact (Name, Address, Phone, Email) | <input type="checkbox"/> Professional Affiliations |
| <input type="checkbox"/> Other restrictions (specify): _____ | | | |

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

For AHA! Use Only:
 Dues Paid: Date _____ **2021** Cash Check # Credit Card Initial _____