



ARCHIVISTS OF THE HOUSTON AREA

Membership Application

Please complete and return to the AHA! Treasurer, via email, mail, 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 submit this 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
2310 Halbert Dr.
Pearland, TX 77581
alamirez@uh.edu

| Contact Information | | | |
|---------------------------------------------------------------------------------------|------|--------------------------------------------|------|
| Name: | | Institution: | |
| Please contact me: <input type="checkbox"/> Home <input type="checkbox"/> Institution | | Job Title: | |
| Home Use mailing address | | Institution Use physical address | |
| Address 1: | | Address 1: | |
| Address 2: | | Address 2: | |
| City: | | City: | |
| State: | Zip: | State: | Zip: |
| Phone: | | Phone: | |
| | | Text enabled? Yes No | |
| 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 members only directory:

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

- Name** (Job Title, Email) **Home Contact** (Email, Phone) **Institutional Contact** (Address, Phone, Email) **Professional Affiliations**
 Other restrictions (specify): _____

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

Would you be interested in joining the AHA Board? Yes, call me! Yes, email me!

For AHA! Treasurer Use Only:

Dues Paid: Date _____ 2024 Cash Check # Credit Card Initial _____