



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, and you have not already paid, an electronic invoice will be sent to you. *A \$1.00 convenience fee will be added for credit card payments.* You can mail dues to:

Laura Ramirez
 2310 Halbert Dr.
 Pearland, TX 77581
 alramirez@uh.edu

Contact Information			
Name:		Institution:	
Please contact me: <input type="checkbox"/> Home <input type="checkbox"/> Institution		Job Title:	
Home <small>Use mailing address</small>		Institution <small>Use physical address</small>	
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 _____ 2025 Cash Check # Credit Card Initial _____