



# 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  
houstonarchiviststreasurer@gmail.com

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:		Text enabled? Yes No	
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 members only directory:

(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 (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!

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 \_\_\_\_\_