



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  
houstonarchivisttreasurer@gmail.com

Contact Information				
Name:		Institution:		
Please contact me: <input type="checkbox"/> Home <input type="checkbox"/> Institution		Job Title:		
<b>Home</b> Use mailing address		<b>Institution</b> Use physical address		
Address 1:		Address 1:		
Address 2:		Address 2:		
City:		City:		
State:	Zip:	State:	Zip:	
Phone:		Text enabled? Yes <input type="checkbox"/> No <input type="checkbox"/>		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 2026  Cash  Check #  Credit Card Initial \_\_\_\_\_