

Membership Application

AHA!

Archivists of the Houston Area

Please complete, print, and take this application, with dues, to the next meeting or mail to:
M. J. Figard, HAM-TMC Library, 1133 John Freeman Blvd., Houston, Texas 77030.
 Dues of \$10.00 must accompany this application. Checks or money orders should be made payable to Archivists of the Houston Area or AHA! Please do not send cash in the mail. Thank you.

Contact Information			
Name of Individual		Name of 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:	Fax:	Phone:	Fax:
Email:		Email:	

Other professional affiliations:

- SAA SSA ACA ALA TLA
 TSHA ETHA RBMS ARMA ARLIS
 ACDA AASLH Other:

You 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.)

- Name Home Contact Institutional Contact Professional Affiliations
 Other restrictions:

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

For AHA! Use Only:

Dues Paid: Date _____ Cash Check # _____ Initial _____