

# Membership Application

## AHA!

Archivists of the Houston Area

Please complete, print, and take this application, with dues, to the next meeting or mail to:  
**Terry Brown, 872 Augusta Drive, Houston, Texas 77057.**

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: \_\_\_\_\_

**AHA! 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 \_\_\_\_\_