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*Empowering health information specialists in Northern Alberta to support health care services and research,*

*through leadership, advocacy, networking and education*

**Membership year 2017 Oct 1 to 2018 Sept 30**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  New membership [ ]  Renewal (Please check one)

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information:**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail (most frequently used address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we sign you up to the NAHLA-L listserv using the above email? [ ]  Yes [ ]  No

Are you a member of CHLA (Canadian Health Libraries Association)? [ ]  Yes [ ]  No

Are you interested in serving on a future NAHLA executive? [ ]  Yes [ ]  No

If you have suggestions for future NAHLA sessions, please list them here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Fees:** **[ ]  Regular $30.00 [ ]  Student $15.00** **[ ]  Retired $15.00**The initial membership application for Retired status must include the name of a current NAHLA member who can verify that the applicant has retired.
Name of current NAHLA member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paid by: [ ]  Cash [ ]  Cheque

Please make cheques payable to: **Northern Alberta Health Libraries Association**

**Please return form to:**

NAHLA Membership

c/o Laura Hamonic, Academic Library Resident

University of Alberta Libraries, 1-64 Cameron Library

Edmonton, Alberta, Canada T6G 2J8

***Thank you! Do you require a receipt?*** [ ]  Yes [ ]  No