Association of Mental Health Librarians

Membership and Renewal Form – 2006
Membership Year is January – December
Dues are due by January 31st, 2006

(Please print out form and mail with your dues check to the address listed at the end of the form.)

_____ New Membership  _____ Renewal

Name: _________________________________________________________________
Organization: ___________________________________________________________
Address: __________________________________________________________________
City, State, Province, Country: _____________________________________________
Zip / Postal Code: _______________________________________________________
Telephone: __________________________________________________________________
FAX: _____________________________________________________________________
E-Mail: ____________________________________________________________________

Library Home Page URL: http:// _____________________________________________
OCLC code: __________________________________________________________________
DOCLINE code: __________________________________________________________________

Please indicate if you are also a member of any one of these other library groups.

_____ Canadian Health Libraries Association [CHLA]
_____ EBSS
_____ Medical Library Association [MLA]
_____ Substance Abuse Librarians and Information Specialists [SALIS]
_____ Psychoanalytic Association
_____ NCSPP
_____ Other ______________________________

Membership dues are $15.00. The deadline for dues payment is January 31st, 2006.

Please make checks payable to AMHL and mail with this form to:

Stuart Moss
Health Sciences Library
Nathan S. Kline Institute
140 Old Orangeburg Road
Orangeburg, NY 10962