



MEMBERSHIP FORM

JANUARY 1 – DECEMBER 31, 2010

The **TORONTO HEALTH LIBRARIES ASSOCIATION** (THLA) is an official chapter of the Canadian Health Libraries Association/Association des bibliothèques de la santé du Canada (CHLA/ABSC) serving Toronto and the surrounding area. THLA aims primarily to promote the provision of quality library service to the health community and to encourage co-operation among its members.

Surname _____ Given Name(s) _____

Miss ____ Mrs. ____ Ms. ____ Dr. ____ Mr. ____ Sr. ____

Library _____

Department _____

Institution _____

Street _____

City _____ Province _____ Postal Code _____

Telephone _____ Fax _____

E-mail _____

For economic reasons and for ease of mailing a business address is preferred. However, if you require your THLA mail to be delivered to an alternate address, please complete the details below:

Street _____

City _____ Province _____ Postal Code _____

MEMBERSHIP CATEGORIES:

Regular Member \$25.00 ____ Student Member \$15.00 ____ Retired/Unemployed Member \$15.00 ____

Cheques should be made payable to:

TORONTO HEALTH LIBRARIES ASSOCIATION

Please complete and return this form, together with your cheque, to the following address:

Toronto Health Libraries Association
c/o Penka Stoyanova
Credit Valley Hospital
2200 Eglinton Ave W
Mississauga, ON L5M 2N1
tel: 905-813-2411; fax: 905-813-3969
e-mail: pstoyanova@cvh.on.ca

Please check (✓) if you need a receipt ____