MEDICAL MUSEUMS ASSOCIATION ANNUAL MEETING
IN CONJUNCTION WITH
THE COALITION OF CANADIAN HEALTHCARE
MUSEUMS AND ARCHIVES
2006 MEMBERSHIP RENEWAL APPLICATION
AND MEETING REGISTRATION FORM

(The following information will be used to update the online membership directory)

Name/Title: ______________________________________________________________________________

Institutional Affiliation: ____________________________________________________________________

Address:_________________________________________________________________________________
   ________________________________________________________________________________________
   ________________________________________________________________________________________

City____________________________ State _______________  Zip____________ Country ____________

Phone: _____________________________________Fax:_________________________________________

Email:_________________________________  Institutional website:______________________________

☐ My MeMA membership dues are enclosed
   ☐ Regular membership … $15.00 (voting members shall be limited to persons who
   have professional responsibilities for museum collections related to the history of the
   health sciences)

   ☐ Associate membership…$15.00 (nonvoting membership shall be open to persons
   interested in the concerns of the Association, but have no direct responsibilities for
   collections in the history of the health sciences)

   ☐ Student membership … $10.00 (application for student membership must be
   accompanied by a letter from an academic advisor stating the student’s status)

☐ Please register me for the 2006 Annual Meeting  (Halifax, Nova Scotia, May 4, 2006)
   ☐ Registration fee … $35.00  (includes Continental breakfast, box lunch)

   ☐ ALHHS Dinner … $40.00 (per person, cash bar)  MeMA and CCHMA members are
   invited to join the Archivists and Librarians for dinner at Five Fishermen on Wednesday,
   May 3rd at 6:30pm.  (www.fivefishermen.com)
MeMA offers its members a joint membership in the European Association of Museums of History of Medical Sciences. (www.aemhsm.org/) If you wish to join please include membership dues in the total payment. MeMA will then submit the membership dues to the EAMHMS.

☐ My EAMHMS membership dues are enclosed (Please check currency conversion at www.xe.com/ucc/ before mailing in dues payment)
  ☐ Individual Membership ... 30 euro (approx. $35.76 US)
  ☐ Institutional Membership ... 75 euro (approx. $89.41 US)

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☐ MeMA Membership Dues $___________
☐ Annual Meeting Registration $___________
☐ ALHHS Dinner $___________
☐ EAMHMS Membership Dues $___________

Total payment submitted: $___________

Please make check payable to Medical Museums Association. Send check and registration form to:

  Jennifer K. Nieves
  Dittrick Medical History Center
  11000 Euclid Avenue
  Cleveland, OH 44106-1714

Important: Members outside the US must pay by check or money order in US dollars and drawn, through their local bank, on a US bank out of New York. Please do not send an international money order or a check drawn on a bank outside the US.