MEDICAL MUSEUMS ASSOCIATION
2012 MEMBERSHIP RENEWAL APPLICATION
AND MEETING REGISTRATION FORM
(April 26, 2012, Baltimore, MD)

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

Name/Title: _________________________________________________________________________

Institutional Affiliation: ______________________________________________________________

Address:___________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

City_____________________ State __________  Zip____________ Country ____________

Phone: ____________________________________   Fax:_____________________________

Email:_____________________________________________________________________________

Institutional website:_______________________________________________________________

MEDICAL MUSEUMS ASSOCIATION DUES

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)
EUROPEAN ASSOCIATION OF MUSEUMS OF HISTORY OF MEDICAL SCIENCES DUES

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. $40.00 US)

Institutional Membership ... 75 euro (approx. $99.00 US)

MEDICAL MUSEUMS ASSOCIATION ANNUAL MEETING REGISTRATION

Please register me for the 2012 Annual Meeting (Baltimore, April 26)

Registration fee ... $25.00 (includes coffee and danish)

ALHHS Dinner ... $55.00 (per person, open bar) MeMA members are invited to join the Archivists and Librarians for dinner at the Southern Management Corporation Campus Center at the University of Maryland (within walking distance of the conference hotel) on Wednesday, April 25th. Open bar reception at 6:30pm, dinner at 7:00pm

Please choose one of the following menu options:

☐ Chicken Piccataq

☐ Glazed Chile Salmon

☐ Roasted Vegetable Napoleon

Number of people attending: _____ x $55 [per person] = $_________
PAYMENT INFORMATION

MeMA Membership Dues $________________________
Annual Meeting Registration $________________________
ALHHS Dinner $________________________
EAMHMS Membership Dues $________________________
Total payment submitted: $________________________

To pay by check please make payable to Medical Museums Association.

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.

To pay by credit card please provide the following information:
Card type: Visa MasterCard
Credit Card number: ______________________________ Expiration Date: _________
Three digit security number: (found on back of card) __________________________
Card holder’s name: ______________________________________________
Signature: ________________________________________________________

Please send this form with check or credit card information to:

Jennifer K. Nieves, MeMA Sect./Treas.
Dittrick Medical History Center
11000 Euclid Ave
Cleveland, OH 44106-1714