



Association for Health Information and Libraries in Africa
Association pour l'information et les Bibliothèques de Santé en Afrique

Leader in promoting access and use of health information

<http://www.ahila.org>

Date: _____

AHILA MEMBERSHIP REGISTRATION FORM

Personal Details

Last Name _____

First Name _____

Job Title _____

Organization _____

Mailing Address _____

Code _____

City _____

Country _____

Phone _____

E-mail _____

Payment Information

Membership subscription is valid for 2 years.

CATEGORY	AMOUNT	TICK
Personal	USD 50	<input type="checkbox"/>
Institutional	USD 100	<input type="checkbox"/>
Affiliate	USD 30	<input type="checkbox"/>
Student	USD 20	<input type="checkbox"/>

Payment Details

Amount paid _____

MODE OF PAYMENT

Cash payment

Cheque payment (Cheque# _____ payable to **AHILA**)

Bank transfer

Tick
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Bank transfer account details:

A/C name: AHILA, **Bank name:** ABSA Bank, **A/c number:** 9112467117, **Branch code:** 632005, **SWIFT code:** ABSAZAJJ.

In the case of bank transfer a copy of the bank slip should be forwarded to the treasurer.

Send registration form and payments or bank slip to the attention of:

Mrs. Blessing Chataira-Mawire

ITOCA, South Africa

Tel No: +27 12 663 4062/52

blessing@itoca.org