

# THE C. F. REYNOLDS MEDICAL HISTORY SOCIETY

## MEMBERSHIP ADDRESS FORM

2018

NAME: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

2018 DUES (\$25.00) ENCLOSED \_\_\_\_\_

**\*PLEASE MAKE ALL CHECKS PAYABLE TO THE C. F. REYNOLDS MEDICAL HISTORY SOCIETY AND RETURN THEM TO DR. JONATHON ERLLEN, FALK LIBRARY OF THE HEALTH SCIENCES, 200 SCAIFE HALL, UNIVERSITY OF PITTSBURGH, PITTSBURGH, PA, 15261 OR CALL FOR MORE INFORMATION TO 6488927 or e-mail at [erlen@pitt.edu](mailto:erlen@pitt.edu).**