

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 ERLÉN, 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.**