

# New York State Library Assistants' Association Membership Application/Renewal Form

(Office use only)

Date processed:  
Member number:  
Calendar year:  
Membership year:  
Region:  
Library type:

Name \_\_\_\_\_ Title \_\_\_\_\_

Institution Name and Address: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Library Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ New Membership: \_\_\_\_\_ Renewal: \_\_\_\_\_

- **Regular Membership \$15.00**

(Currently working in a library or library system in New York State as a library assistant.)

- **Associate Membership \$12.00**

(Does not presently meet criteria for Regular Membership, but supports the goals of the organization.)

Amount Enclosed: \$ \_\_\_\_\_

If you are a **regular** member, check the line preceding the state in which you would be interested in having your name included in the next drawing for attendance at their Annual Conference of Library Assistants. Please check only if you would seriously consider attending.

(Travel expenses not included.)

\_\_\_\_\_ NY \_\_\_\_\_ NJ \_\_\_\_\_ VA

Would you be interested in serving on a committee? \_\_\_\_ Yes \_\_\_\_ No; or running for office? \_\_\_\_ Yes \_\_\_\_ No

NYSLAA's membership year runs from January 1<sup>st</sup> through December 31<sup>st</sup>. Dues will be applied to the year received unless specified otherwise.

Make check payable to: *New York State Library Assistants' Association*. Return Check and form to:

**Donna Hanna**  
**College Libraries, Cataloging Dept.**  
**SUNY Geneseo**  
**Milne Library**  
**1 College Circle**  
**Geneseo, NY 14454-1498**  
phone: 585-245-5508

**Contributions or gifts to NYSLAA are not deducted as charitable contributions for federal income tax purposes**