

SLA Membership Application

Mail application to: **Special Libraries Association ■ P.O. Box 75338 ■ Baltimore, MD 21275**

Name

First Initial Last

Business Address

Title

Organization

Department

Street and Number

City, State or Province, Country Postal Code/Zip Code

Business Telephone **Fax #**

Home Address

Street and Number

City, State or Province, Country Postal Code/Zip Code

Home Telephone **Preferred Mailing Address** **Business**
 Home

Internet Address

Web page Address

Check this box if you do not wish your name to be included in our mailing list service

Full Member (Complete items 1, 2, 3, 4, 6) **\$125** **Student Member** (Complete items 1, 5, 6) **\$35**

Full member status shall be granted to an applicant who has an interest in the objectives of the Association.

Organizational Member (Complete items 4, 6) **\$500**

Organizational Member status shall be granted to a firm, organization, or individual desiring to support the objectives and programs of the Association.

All memberships with the exception of Organizational Memberships are individual rather than organizational, and therefore go with you if you make a career move. You will receive notification when your membership application has been processed. For new members, membership is for one year from the month in which dues are received.

Student member status shall be granted to an applicant enrolled in a curriculum of library or information science at least part time (two or more courses). This category of membership shall be available to those joining the Association for the first time and also available to current members renewing their membership after enrolling in an appropriate academic program. Student membership may be maintained only while actively a student, but for no more than three years. Appropriate verification of student status is required.

A portion of the annual dues is allocated for a subscription to Information Outlook®.

No Dues are used for lobbying purposes.

- College or University _____
Degree _____ Date _____
- Library School _____
Degree _____ Date _____
- Years of Professional Experience _____
- In what type of organization do you work (banking & finance, legal services, pharmaceutical, etc.?) _____
Primary Responsibilities _____
Interested in being assigned a mentor? Yes No
Interested in becoming a mentor? Yes No
- Library School at which enrolled _____
 Full-time _____ Date enrolled _____
 Part-time _____ Date degree expected _____
Signature of Library School Faculty Member _____

- All members may affiliate with one chapter and one division at no charge. Additional affiliations are \$15 each. A list of chapters and divisions can be found on our website at www.sla.org
Chapter: _____ \$ 0.00
Add'l Chapters: _____ \$ _____
Division/Sections, if any: _____ \$ 0.00
2nd Division: _____ \$ _____
3rd Division: _____ \$ _____
Caucus: (\$12 ea.) _____ \$ _____
Dues Amount \$ _____
TOTAL DUES AND FEES \$ _____

Payment **Charge my AMEX/MasterCard/VISA/Diner's Card***
Card # _____ **Exp. Date** _____

Card Security Code (usually a 3 or 4 digit number): _____
Signature _____

Do you wish to receive announcements from SLA

Via Fax? _____ (number, if different from above)
Via e-mail? _____ (address, if different from above)

Referred by: _____

Your Signature **Date**

*If paying by credit card you may fax application to (202) 234-2442.