

**New York City School Librarians' Association
Membership Application September 2009- August 2010**

Name _____

LMS teacher administrator library student

other _____

Preferred mail address: home work

Home address _____ Apt. _____

City _____ State _____ Zip _____

Preferred telephone # _____

Preferred email _____

School Name and Number _____

School Address _____

Borough _____ District _____ School telephone # _____

Type of school: public independent charter parochial

Library website and/or blog URL: _____

Would you like your site highlighted on the NYCSLA website?

YES NO

Are you a member of (check all that apply):

ALA AASL ALSC SLMS/NYLA ASCD

Are you registered on the New York City School Librarians' Information Sharing Tool (NYCSLIST) YES NO

Dues

School librarian/teacher \$20*

School administrator \$20*

Retired school librarian \$10

Library school student \$10

Independent school librarian \$20

Please make checks payable to NYCSLA

Send to:

Lauren Soucy

P.O. Box 1832

New York, NY 10150

*Discounted 2 year membership of \$35 for public school librarians, teachers, and administrators.