



Library / Library System Associate Membership Worksheet

Library / System: _____
 Name: _____
 Home Address: _____
 City: _____
 State: _____ Zip _____
 Phone: () _____
 E-mail: _____

Yes! Subscribe me to eligible NYLA Listservs Preferred Mailing Address: Work Home

Select ONE Section (Included in membership)		
<input type="checkbox"/> ASLS - Academic and Special Libraries <input type="checkbox"/> FLS - Friends of Libraries <input type="checkbox"/> LAMS - Library Administration & Management <input type="checkbox"/> PLS - Public Libraries	<input type="checkbox"/> RASS - Reference and Adult Services <input type="checkbox"/> SSL - School Librarians <input type="checkbox"/> SMART - Mgmt. Info Resources & Technology <input type="checkbox"/> YSS - Youth Services	
Select additional Sections at \$10 each:		\$
<input type="checkbox"/> ASLS - Academic and Special Libraries <input type="checkbox"/> FLS - Friends of Libraries <input type="checkbox"/> LAMS - Library Administration & Management <input type="checkbox"/> PLS - Public Libraries	<input type="checkbox"/> RASS - Reference and Adult Services <input type="checkbox"/> SSL - School Librarians <input type="checkbox"/> SMART - Mgmt. Info Resources & Technology <input type="checkbox"/> YSS - Youth Services	
Sign me up for NYLA Round Tables: (check as many as you like at \$10 each)		\$
<input type="checkbox"/> CNYSL-Central New York School Librarians <input type="checkbox"/> CORT-Correctional & Outreach Resource Team <input type="checkbox"/> ENYSLMA-Eastern NY School Lib. Media Assoc. <input type="checkbox"/> ESRT-Ethnic Services <input type="checkbox"/> FILM-Finding Inspiration in Literature & Movies <input type="checkbox"/> GIRT-Government Information <input type="checkbox"/> IFRT-Intellectual Freedom <input type="checkbox"/> ILRT-Information Literacy Round Table	<input type="checkbox"/> LAR-Library Access Round Table <input type="checkbox"/> LHRT-Local History Round Table <input type="checkbox"/> MSRT-Making and STEAM Roundtable <input type="checkbox"/> PCRT-Pop Culture <input type="checkbox"/> PLRT-ParaLibrarians <input type="checkbox"/> RLRT-Rural Libraries <input type="checkbox"/> SLST-School Lib. of the Southern Tier-East <input type="checkbox"/> SRRT-Social Responsibilities	
Yes, I would like to purchase member items (Optional)		\$
<input type="checkbox"/> Membership Certificate	<input type="checkbox"/> NYLA Pin	
Yes, I would like to contribute to NYLA Funds (Optional)		\$
<input type="checkbox"/> Advocacy Fund <input type="checkbox"/> Disaster Relief Fund <input type="checkbox"/> Empire State Center for the Book Fund <input type="checkbox"/> Legal Defense Fund <input type="checkbox"/> NYLA's Fund for the Future	<input type="checkbox"/> NYLA Scholarship Fund <input type="checkbox"/> SCLA Scholarship Fund <input type="checkbox"/> SSL Carol A. Kearney Scholarship Fund <input type="checkbox"/> SSL Laura Wedge Scholarship Fund <input type="checkbox"/> YSS Ann Gibson Scholarship Fund	
Submit payment to your library for inclusion with their membership payment.	ASSOCIATE TOTAL	\$