



Organizational Membership Application/Renewal

Org Name: Phone: Rep Name: Fax: Address: Email: City: State: Zip: Yes! Subscribe me to eligible NYLA Listservs

Basic Membership (Select One)
Select ONE Section (Included in membership)
Select additional sections at \$10 each:
Sign me up for NYLA roundtables: (check as many as you like at \$10 each)
Yes! I would like to purchase member items (Optional)
Yes! I would like to contribute to NYLA funds (Optional)

Check Payments ONLY
Mail Checks Payable To:
The New York Library Association
6021 State Farm Road
Guilderland, NY 12084
To pay by credit card, visit www.nyla.org

TOTAL ENCLOSED \$